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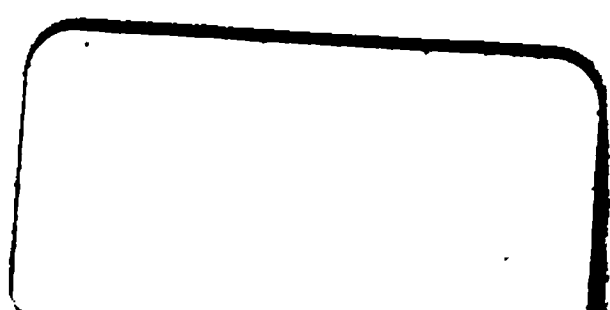
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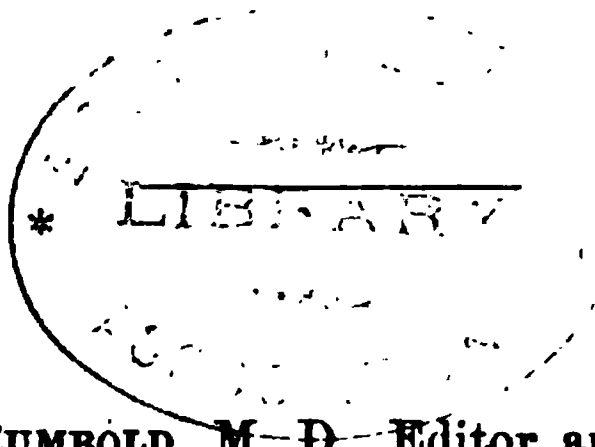
THE  
SAINT LOUIS  
Medical and Surgical Journal

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VOLUME XLI.

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FROM JULY TO DECEMBER, 1881.



THOS. F. RUMBOLD, M. D., Editor and Proprietor.  
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Original Contributions.

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ARTICLE I.

HYGIENE.\* By G. HUNT, M. D., of St. Louis.

The old and familiar adage, "an ounce of prevention is better than a pound of cure," doubtless had its origin in a conviction of the fact that it was better, cheaper, and therefore, wiser to prevent those diseases which are preventable, than to attempt to cure them, or to suffer their consequences.

This conviction of the importance of prevention is the origin of hygiene, which we may define as a systematized effort to establish and maintain health.

In an organized and enlightened state of Society, the necessity of hygiene is almost universally acknowledged, and even some of the more illiterate and degraded are not altogether indifferent to it.

I observed many years ago, a custom among some of the wild tribes of our western frontier, which, doubtless, a long and painful experience had taught them was necessary for the preservation of the health, especially of their women and children. That custom was to change the location of their village regularly with the return of each new moon. And even though they did not desire to leave the vicinity, they would strike their tents

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\*Read before the Mo. State Medical Association, May 19, 1881, and published by permission of the Association.

and erect them again on a fresh plat of ground only a few hundred yards away.

I was not able to learn the origin and antiquity of the custom, and even the motives which actuated them in the observance of it, had become enveloped in a cloud of superstition. And yet, the only good to be accomplished by it would scarcely fail to suggest itself to the mind of an intelligent observer. It separates them from the effluvia of the decaying debris and excrements which had accumulated in and about the former site of their village, and consequently, saved them from much sickness which might otherwise have arisen and decimated their families.

Fortunately for the untutored savage, this primitive form of hygiene proved effectual in preventing that large class of diseases which, in civilized communities, contributes so largely to the percentage of mortality, and which are commonly known as filth diseases. And it is the testimony of those whose opportunities enable them to speak from observation, that typhoid fever, dysentery and diarrhoea, were never known to prevail among the Indians in the epidemic or endemic forms, so long as they maintained their nomadic habits of life.

Now, primitive hygiene differs from cultivated hygiene, not in the object sought to be accomplished, so much as in the mode of accomplishing it. The first seeks to accomplish it by the removal of the individual with his family or tribe, away from the sources of the poisonous effluvia, but in civilized communities, with fixed habitations, this is obviously impracticable. A few of those who have the means, and are at leisure may escape, but the masses must remain, and it therefore becomes necessary to adopt such measures as have for their object the prevention, removal, abatement or destruction of the effluvia.

The essentials of life and health are air, water and food, and whatever abridges the normal quantity, or vitiates the quality of these is deleterious.

The chief sources of diseases which are susceptible of control or mitigation by the enforcement of sanitary regulations are effluvia, emanating from the decay of animal and vegetable matter. But of the real nature of the infecting cause, but little is known as yet, whether it be the effluvium itself or something attached to, or associated with it, has not yet been determined. We call it malaria, miasm, or contagium. It has been supposed to be

chemical, and of a gaseous nature, but modern research seems to favor the idea that contagium is composed of living or viable organic germs which may be propagated under favoring conditions, or be destroyed by disinfection. Experience teaches, however, that in order to escape the possibility of deleterious influences, it is necessary that the air which we breathe, and in which we move should be free from noxious substances, either organic or inorganic, solid, semi-solid, liquid or gaseous.

From a number of well-defined differences in the clinical history of diseases in different localities, or in the same locality at different seasons, and not unfrequently at the same time, it has been inferred that a variety of infecting causes may, and often do exist in the same locality at the same time.

The broad expanse of country known as the Mississippi Valley, stretching from the Alleghanies on the east to the Rocky Mountains on the west, and from the British Possessions on the North to the Gulf of Mexico on the South, is known to be covered by a vast bed of alluvium, composed of sand and clay, mixed with decomposed organic matters, known among scientists as *humus*. This *humus* is supposed to be continuously casting up that particular kind of effluvium known as malaria, and is the origin of a class of diseases common to this, and all other countries of similar qualities of soil and climatic conditions.

It not only gives rise to certain specific forms of disease, but photographs its peculiar type on almost all other forms of diseases of which the human organism is susceptible, and hence, all diseases accompanied by fever, as also the neuralgias, are extremely apt to assume the intermittent or remittent form. Now to prevent the dissemination of malaria would, perhaps, be impossible, but with proper attention to hygiene it is believed that its virulence may be weakened and its effects greatly mitigated.

Observation teaches that malaria is most prevalent in those localities where the surface of the country is low and marshy, and we very naturally infer, that measures for the proper drainage of swamps, lagoons and pools of stagnant water would prove hygienic in their effects on the inhabitants of surrounding districts, and at the same time open large areas of fertile lands to the domain of agriculture.

It is the special province of hygiene to ascertain and adopt the most effectual modes of freeing the atmosphere of all foreign, or extraneous and noxious matters, and of maintaining its

purity. It is believed that the infecting cause or contagium of many forms of disease pervades the atmosphere in the form of floating particles and consist of living or viable organic germs; and it is the province of hygiene not only to abate these, but to discover and abate, if possible, the sources from whence they originate.

Another common medium through which the infecting cause of many forms of disease invades the human organism, is water, and the discovery of the sources of its contamination, and the most practical methods of its purification, are also matters which belong to the domain of hygiene, and afford a fruitful field for the practical application of science for the promotion of the health and happiness of the race.

The sources of supply of water for drinking, cooking and other domestic uses in the Mississippi Valley are various. Springs are numerous in some localities, and the water in many of them is quite pure and wholesome. But in a country where so large a portion of the surface is level, or at most undulating, and the soil deep and composed of so large a proportion of *humus*, spring water is liable to be impregnated with organic impurities, and is, therefore, not always wholesome.

Two other sources of water supply are common; these are wells and cisterns; and either of these, if properly located and constructed, are more reliable than a majority of the springs for the reason that their sources of impurity are more amenable to hygienic regulation.

In the construction of wells it is necessary to go deep enough to get entirely below those strata which contain the *humus*, and which are liable to be percolated by the surface drainage. In many localities an abundance of pure water is reached at a depth of from fifty to seventy-five feet below the surface, but in others it would not be safe to stop short of one hundred to one hundred and fifty feet, the object being to get below a stratum of rock or impervious clay, and in all cases it is necessary, after pure water in sufficient quantity has been struck, that the shaft of the well be so constructed as to be impervious, otherwise, surface water will be sure to find its way into the well and contaminate it.

In the construction of cisterns three important objects should be kept in view. First, sufficient capacity. Second, impervious walls to prevent contamination by surface water, and third, the



purity of the water by which they are filled. These conditions having been secured, the cistern affords one of our best and most reliable sources of supply of pure water.

But whether springs, wells or cisterns constitute the source of water supply, it is important that an influx of the surface water should be scrupulously guarded against, and for this reason the mouth of a well or cistern should be so constructed as to prevent the influx of surface water; and springs might be greatly improved in many instances, by being walled in and having their walls made impervious by cement, or by making ditches, or laying pipes so as to divert from them all surface drainage.

Too often the location of the dwelling house, the kitchen, the barn, sheep-fold, pig-sty, hen-roost, or privy vault is such as to prove an unfailing source of contamination to the spring or well, and owing to inattention to this fact, or a proper appreciation of its consequences, families and communities have been scourged and decimated by epidemic and endemic visitations of typhoid fever, dysentery, diarrhoea and other alimentary derangements.

In the location of houses, barns, cow yards, hog pens, etc., the possibility of their becoming a source of contamination to the drinking water should never be lost sight of; and in order to guard against such an event, some knowledge of the nature and dip of the earth's strata at the point of location is necessary.

The chief source of danger, where the drinking water is taken, either from a spring or well, is the possibility of the influx of surface drainage, carrying with it organic matters, either from the field, meadow, forest, or marsh, or from the dwelling house, kitchen, stable, or any other place where decomposing animal and vegetable matters have accumulated.

In all alluvial districts, wells should as a rule, be preferred to springs, as the source of supply of drinking water, for the reason that usually in such districts springs are fed by surface water and are extremely liable to be contaminated; whereas, it is possible in the construction of wells, to get below the alluvial strata and draw the supply from a source of never failing purity, and then by tubing the shaft so as to make its walls impervious to the influx of surface water it remains pure.

But these precautions are seldom taken in the construction of wells, for the simple reason that the people are not acquainted with their relations to hygiene; the majority of wells being constructed with no other object in view than to secure a supply

of water with the least possible outlay of labor and expense ; they are only made deep enough to become the receptacles of that which percolates the alluvial deposits, and which is liable to be contaminated and become a prolific source of disease and death. And the consequence is, that the climate is often held responsible for a large percentage of sickness and mortality which is more properly chargeable to a neglect of, or violation of the laws of hygiene in the construction of wells, whereby impure water becomes the medium of contagion.

Some of the towns and villages occupying positions on the high and rolling prairies of Missouri, Illinois and Kansas, remote from streams and bayous, lagoons and marshes, and being but little under the influence of the malaria, ought to be remarkable for the uniform good health of their inhabitants, and yet, some of them are noted for the frequency and severity of their epidemics and endemics of typhoid fever, dysentery and diarrhoea. And I will venture to assert that if the facts be inquired into, it will be found that two-thirds, if not more of their inhabitants draw their supplies of drinking water from wells which do not extend below the depths of the alluvial deposits. And it will, perhaps, also be found that a majority of them are in such close proximity to the kitchen as to receive by percolation through a porous soil, a large amount of waste water, and even soap-suds. It will, perhaps, also be discovered that a pig-sty is not very remote, and, possibly a privy vault, which is seldom if ever emptied, is still nearer ; and if anything in the etiology of disease has been demonstrated, it is that the contagium of typhoid fever has its favorite *nidus* in decomposing fecal matters, and finds its way into the organism through the medium of water or other liquids which have been contaminated.

And we may say further, that when such a locality is once inoculated with the contagium of typhoid it becomes indigenous, and like malaria it stamps its own peculiar and much to be dreaded type upon that of most other diseases, and hence, we have typhoid pneumonia and typhoid dysentery, with intermittent typhoid or typho-malaria, all exhibiting strong tendencies to a fatal termination.

And yet the people are allowed to remain ignorant of the facts, and to continue to imbibe the contagion and incur the terrible consequences of a violation of the laws of hygiene. And I would suggest in this connection, that in towns and villages

not provided with sewers, all excrements, as also the garbage, ought to be deposited and kept in sealed vessels and removed daily.

The health of individuals and communities is also very materially effected by the proper location, manner of construction and ventilation of dwelling houses. Some families are visited by disease and death, not because the atmosphere by which they are surrounded is particularly insalubrious, or that the water which they drink has become contaminated, but simply because the house is badly constructed for the purposes of ventilation, or the doors and windows of parlors, sitting-rooms and sleeping apartments are kept closed day and night, for weeks and months except at such short intervals as may be necessary for the ingress and egress of their occupants.

In order that a house may be conducive of health, it should be of sufficient capacity not to be overcrowded by those who occupy it, and should be constructed with reference to free ventilation; the walls and floors should be kept clean, as also the bedding and furniture. The doors and windows, especially of sleeping apartments, should be opened and allowed to remain open several hours during each day, especially in fair weather, and if the rooms are small and overcrowded, it would by better not to close them entirely at any time when occupied, even in cold weather.

Care should be also taken for the maintenance of cleanliness of the person and wearing apparel. So unhealthy are uncleanly habits of body as to amount to little less than a crime.

Too often the evil effects of bad ventilation, overcrowding and want of cleanliness are reinforced by a neglect of exercise, either in well ventilated apartments or in the open air, and under the direct stimulus of the sunlight. And this want of exercise in the open air is especially felt by women in the vocation of shop girl and seamstress, and in all manufacturing establishments where they are accustomed to find employment.

And often young ladies at the boarding school, especially at that epoch of life at which the young girl is about to be transformed into the woman, have been so utterly ruined in health that if not soon consigned to their graves, they are disqualified for those duties which devolve upon them as wife and mother, by restrictions imposed upon them, we regret to say, often by lady teachers, in violation of the plainest dictates of the laws

of health, which require at these times relaxation from study, good food, abundant sleep and free exercise in the open air.

It is possible for the laboring man, the mechanic, the hod-carrier and the farm laborer, to impair his health, either by attempting to do more within a certain time than his physical strength can endure without exhaustion, or by continuing to labor too long each day to allow the waste of tissue to be repaired during the brief hours of repose. But usually these classes of laborers are not so liable to suffer from the effects of overwork as those whose vocations require less physical and more mental exertion. It is brain work that tries the power, both of mental and physical endurance, and hence, the artist, the clergyman, the lawyer, the physician, the student of science and the merchant and banker's clerk often become the victims of nervous derangement, which culminate in irreparable impairment of the physical health and premature decay.

The quantity and quality of the food which is eaten, and the manner of eating, must be conceded to exert a powerful influence on the health and happiness of individuals and communities. Eating should, therefore, be governed, as far as possible by the laws of hygiene. Many persons eat too much, they take advantage of the necessity of eating in order to gratify the demands of a depraved appetite. To use a homely phrase "they live to eat." They are never known to refuse to eat when an opportunity offers, and they seem not to know when, or how to say, "I have enough." Others there are, who err on the opposite extreme. They seldom eat, and seldom eat enough when they do eat. They seem to derive no pleasure from eating. They only eat in order that they may live.

The preparation, especially of animal food, commences with the condition of the animal at the time of slaughtering, the mode of slaughtering, curing, preserving etc., all of which are matters within the domain of hygiene. A knowledge of cooking and its influence on digestion is also intimately related to hygiene.

Many articles of food are more digestible when eaten raw or rare; but experience teaches that others ought to be thoroughly cooked. All christendom is to-day in a panic from the dread of poisoning by the *trichina spiralis*, when it ought to be known in every household that trichinæ, when thoroughly cooked are as inoffensive as the yolk of an egg, and suggests the fact that

pork ought never, under any circumstances to be eaten raw or rare.

We may say also with regard to drinking that it is, or ought to be amenable to the laws of hygiene. Many persons find it impossible to drink beer, wine, or cider—not to mention any thing stronger—without dissipating and bringing upon themselves broken health and premature decay, and entailing upon their children morbid and vitiated appetites and passions, which lead them into vice and crime.

These debaucheries not only impair the physical health and hasten death, but they lead with still greater certainty to an infraction of the laws of moral hygiene; and we can recognize in these habits of dissipation and their entailment of vitiated and depraved appetites and passions, a most prolific source of moral degradation and crime.

We have noticed briefly some of the causes of disease and death, which it is the province of hygiene to correct or remove; and we may in conclusion, very properly inquire why they are not more generally known and obviated? Is it because the people are indifferent and wilfully inattentive to the laws of health? To think so, would be to impute to parents, feelings which it would be unnatural and impossible for them to exercise toward their children. Why then is not the importance of measures for the improvement and preservation of health and the prevention of disease more generally recognized and enforced?

Assuming, as we have a right to do, that the people are not indifferent on a subject of such vital interest, it is but reasonable to suppose that they do the best they know how, and until they become better acquainted with the laws of hygiene they can not be expected to do more. And it is to be regretted, that the great State of Missouri should so long have neglected the adoption of measures necessary for a more thorough diffusion of a knowledge of the laws of health amongst the people.

True, we have schools and colleges for the education of the people, by the State in the various branches of art and science; we have school commissioners, railroad commissioners, insurance commissioners, bank commissioners, land commissioners, and in fact, a commissioner for almost every other important interest in the State; but we have no health commissioners; no one devoted to the instruction of the people in a knowledge of those laws which

will best enable them to maintain the health and vigor of body and mind, promote the efficiency of physical and mental labor and prolong life. No one specially qualified, whose duty it is to pass round among the farmers and mechanics of the country, and advise with and instruct them in the most practical methods of draining their lands; plans for building dwelling houses; the most eligible sites for their location, and the proper location and construction of wells and cisterns, in order that the drinking water may be pure and kept free from contamination; to inspect manufacturing establishments and ascertain the sanitary condition of their employees, to see that none are overworked, underfed or overcrowded in unhealthy situations. To instruct the masses who labor either physically or mentally in the best methods of maintaining their powers in the highest state of efficiency; to inquire into the health of children, both at home and at school, and advise with parents and teachers in regard to the best rules and regulations for the promotion of health.

An appreciation of the importance of this subject in its relations to the health, population and resources of the State, has actuated the writer, with others, in their early and continued efforts to procure, by legislative provision, the creation of a board of health, and to require the registration of births and deaths.

But as yet our efforts have availed nothing, we have failed to impress the modern legislator of Missouri with the necessity or propriety of any such innovations upon the time honored custom of letting things alone.

But may we not hope ultimately to enlist the sympathy and co-operation of the people in the promotion of an enterprise which so justly commends itself to their favor and approval? We shall see.

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## ARTICLE II.

## ACUTE SPONTANEOUS INVERSION OF THE UTERUS OCCURRING AFTER ABORTION. By B. F. CRUMMER, M. D., of Warren Ill.

On Aug. 10, 1879, I received a message from Mr. Perry, who lives fifteen miles in the country, to visit his wife with Dr. E. G. Brown of Plum River who was in attendance, and at the same time a note from the doctor stating that the patient was suffering from the presence of a uterine polypus or the presence of the remains of an aborted ovum.

On arrival I learned from the family and the physician in attendance, the following history :

Mrs. P, farmers' wife, is 32 years of age and is the mother of three children, the younger, one and a half years old. She had enjoyed moderately good health, but was not robust. Is a hard worker. Menstruation occurred April 11th, for the first time following lactation. Six weeks later, or about May 25th, she began to flow, slight in amount at first, but in increased quantities at times and without complete cessation until July 9th, when at dinner, and without a particle of pain she felt something pass the ostium vaginae, which upon examination proved to be a foetus "one and one-half inches long." No afterbirth was seen and the hemorrhage ceased for a time.

When it recurred, in a few days, a physician prescribed alum-water injections and acetate of lead and opium internally, with temporary relief.

Dr. Brown in writing to me of the case afterwards says : "The patient continued to have severe hemorrhage, and when I was called Aug. 5th, I found her almost completely exanguinated, pulse small and weak, 136 per minute. At this time I diagnosticated uterine polypus, after eliminating inversion by passing the sound\* three inches beyond what seemed to be the neck of the polypus; but as we subsequently learned my sound must have entered a fallopian tube or have been crowded into Douglas' cul de sac. I used tampon to contrroll hemorrhage, and

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\* This was done without the speculum.

gave brandy, ergot and cannabis indica internally." When on August 10th, or five days after Dr. Brown's first visit, I was called to the case, the tumor which filled the cervix was almost as large as a hen's egg, pyriform in shape and extended well down into the vagina.

The uterine sound introduced with the aid of a Sims speculum could be made to pass but an inch beyond the os uteri. The finger in the same position encountered a simple sulcus or groove encircling the tumor. The patient's abdominal walls were exceedingly thin, and upon conjoined manipulation the absence of the fundus uteri from its proper position, and the cup shaped depression through which it had passed were plainly discernible. The tumor presented a bright florid appearance, and was quite sensitive to the touch. One part of it, that corresponding to the left horn of the uterus, presented a protuberance as large as a hulled hickory nut, due to thickening of the uterine wall at this point, caused, I think by a small interstitial or sub-mucous fibrous growth. The patient's general condition was bad; pulse 116 to 120, feeble, profuse perspirations, anorexia and "nervousness" existed.

Of the diagnosis in this case there could be no question, but the prognosis seemed to present a very discouraging aspect and was so stated.

The patient was thoroughly etherized and by digital pressure the tumor, much to my surprise, gradually receded, the process occupying fifteen to twenty minutes. Afterwards the fundus uteri could be felt behind the symphysis pubis. The patient, a few hours after the restoration of the uterus to its normal position had a light chill and the temperature rose to 102.5° F., gave opium and sul. quinine in full doses, the fever gradually declined, and the patient recovered.

Dr. Brown reports Feb. 2d, 1880. "Mrs. P's health since the accident, has been better than for some years. Three months ago the menses returned and have continued regular and normal. She has slight leucorrhœa and occasional pain, but none at time of periods."

Considering the great rarity of inversion of the uterus at any time, the elements of causation which entered into this case are well worth studying. That any traction or operative interference could have produced it seems impossible, as not even a digital examination had been made before Aug. 5th

when Dr. Brown visited her, and the condition undoubtedly existed at this date. At what period between July 9th, the date of the abortion and Aug. 5th, the inversion occurred, can only be surmised.

How much influence the small fibroid growth in the body of the uterus had in the production of the inversion, is an interesting question. That it was an important factor I have no doubt. We know that large fibrous tumors are of themselves sufficient to cause the accident, as instanced by Cross of England, who tabulated five hundred cases, forty of which were connected with the extension of fibroid growths. I know of no cases wherein spontaneous inversion has occurred after the delivery of so young a foetus—probably about two months, and indeed the reported cases are extremely rare. Dr. Scott of Philadelphia in the *Journal of Obstetrics and Diseases of Women and Children* for July 1880, reports one case occurring after miscarriage of five or six months, and adds the histories of five others which he claims are all that are to be found. These cases were all of spontaneous origin, and occurred after abortions of from four to six months.

Considering their extreme rarity, the question arises as to the probable presence, in most of the cases of some lesion, such as that detailed in my case, affecting the structure of the uterus in a manner to predispose inversion under an ordeal, like long continued flooding after a miscarriage, which the uterus of sound and uniform structure would resist.

Fibrous growths in the uterus are confessedly very common, and as they do not interfere with pregnancy must often form an element in, if not the direct cause for abortion, while if interstitial they may long remain latent and harmless while the uterus is quiescent. In the cases above detailed none of the ordinary extraneous causes of abortion were present, and it seems that we may justly charge the organic changes in the walls of the uterus with the interrupted pregnancy and probably the inversion occurring afterwards.

## ARTICLE III

## A CASE OF CHROMOPHYTOSIS, CURED WITH CHRYSOPHANIC ACID.

By W. B. Craig, M. D. of St. Joseph, Mo.

Every one familiar with the classifications of skin diseases will recognize the "genus" to which this belongs. It is due to the presence of a vegetable parasite or fungus, occupying the outer layers of epidermic cells, and with respect to its local parasitic origin resembles trichophytosis and favus.

Chromophytosis is therefore contagious, though not in as marked a degree as other allied affections. Its site of election is the trunk and upper extremity. Occasionally it is seen upon the neck, thigh and groin. The breast and back are the usual locations. It is nearly always symmetrical in its development, commencing as small pin-head sized, yellowish, scaly spots, at the center of the sternum and gradually spreads bilaterally until the entire chest is invaded. Often these coalesce, and as in this instance the back was completely bronzed, so great was the discoloration. These discs gradually enlarge retaining their circular form, and are slightly elevated, excepting the diffused patches.

Itching is a symptom present to a limited extent, but it cannot be very severe as patients are seen who seldom recognize its presence, their attention often being attracted by a physician who is searching, it may be, for something else; or the patient imagines he has contracted syphilis, and when interrogated as regards eruption shows up an old chromophytosis. It occurs in early life, seldom being met with in old age. Is chronic and liable to relapse unless every patch is removed with the outer layers of integument.

The present case is a young man 21 or 23 years of age, otherwise healthy and robust. He contracted the disease at school seven years ago, and has been treated almost continuously since; for the last six months particularly.

When visited by the patient and his body examined I gave rather an unfavorable prognosis, on account of the extent of integument involved and the chronicity of the malady.

However we resorted to the corrosive sublimate lotion for a few days, followed by the following which we ordered rubbed in thoroughly every night.

℞ Acid Chrysophanicl..... ʒi  
 Vasellne..... ʒi  
 Misc Ft. ung.

After using this for several days the body became acutely sensitive, as predicted by me, in fact this is the only objection to this acid. It was again used after the irritation subsided, followed twice a week by a Turkish Bath, in which *sapo viridis* was substituted for the other soap.

Two weeks from date of commencement of treatment the entire trunk was as white and healthy as the normal skin. I then ordered the following lotion as a precaution against relapse.

℞ Sodii Hyposulph..... ʒij  
 Aq Rosæ..... f ʒvi  
 Misc Ft. Lot.

Sig. Bathe with this frequently.

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#### ARTICLE IV.

**MENINGOCELE.** By JOHN S. MOORE, M. D., Professor of Theory and Practice of Medicine, Missouri Medical College, St. Louis.

At the regular meeting of the St. Louis Medical Society, Nov. 20, 1880, I had the honor to present for examination, Mr. George Middleton, who was born in this city Nov. 22nd, 1848, and is therefore in his 33rd year. A tumor at least one-third as large as the entire head, occupied at birth, the left occipital region and its junction with the skull was constricted in bulk, measuring at that point about two inches in diameter. The infant presented no other abnormality, and though feeble, fairly sustained existence, till grave cerebral symptoms with convulsions supervened. Those were justly attributed to the presence of the tumor, and in August, 1849, as a *dernier resort*, Dr. Thomas Barbour and myself operated for its removal, by simply constricting the neck with a ligature. After a few days the tumor sloughed and reparative processes gradually closed the opening with material resembling cartilage, but probably composed of

thickened dura-mater, and condensed connective and external cicatricial tissue such as occludes the wound made by the trephine.

It will be observed that the case was under observation during the great cholera epidemic of 1849, when this city was perhaps more sorely afflicted than any other, and when the time and attention of physicians was so completely engrossed by the prevailing scourge, as to prevent the careful observation and notation of even the most remarkable diseases. This fact will, I take it, be accepted as a sufficient excuse for the neglect to record minutely all the signs and symptoms presented by the patient, preceding and during the operation as well as those succeeding the sloughing process. With the exception of double strabismus, Mr. M. presents, upon inspection, no unusual appearance. His locomotion is slightly impaired. His tissues are well nourished, and he is very muscular, performing with ease severe manual labor. There is no disturbance of circulation or digestion nor is respiration impeded, save by a continued hiccough of which he is very anxious to be rid. Formerly there was spasmodic action of the muscles of the neck. His virile power he represents to have been always very feeble till at the age of 18, it entirely ceased. At this time he became dissipated and continued a hard drinker till three years ago when he desisted altogether from the use of liquor, and has since remained perfectly abstemious. He states that alcohol affected him only as it does others.

Without a claim to ordinary intelligence, he cannot be classed as semi-idiotic, his mind ranking above that grade, and in common-place affairs, is sufficiently clear to merit no criticism.

At this late date, one can only surmise as to the character of the tumor.<sup>1</sup> It may have been a meningocele or an encephalocele, or possibly a combination of the two, constituting hydrocephalocele. Owing to the causes already mentioned, no accurate diagnosis was attempted nor was there any critical examination of the sloughed mass. At the time, both Dr. Barbour and myself regarded it as encephalocele, and if that opinion was correct, the individual has attained an age equalled only by an instance recorded by Guyenot.



## Translations.

### FROM THE FRENCH.

#### ARTICLE V.

EXCERPTS FROM LATE FRENCH JOURNALS. [Translated for the JOURNAL.] By A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

**SALICYLATE OF SODA IN EYE AFFECTIONS.**—Dr. Abadie reports that he has administered salicylate of soda with great success to many of his patients. It is particularly in rheumatic iritis that he has obtained the best results in patients who had been treated for a long time, whose iris was deformed, and whose visual acuteness was rapidly failing.

In light but persistent scleritis, or in grave forms he has also administered salicylate of soda with success.—[*Journ. de Méd. et de Chirurg. Prat.*]

**TREATMENT OF DIPHTHERIA WITH PAPAIN.**—M. Bouchut, whose researches in connection with Wurtz on papaine, have acquired a certain amount of notoriety, thinks that it would be a good remedy in diphtheria as it has given him good results. It is a vegetable pepsin and a one-third solution applied to the diseased parts rapidly dissolves the false membranes. At the Hôpital des Enfants, a large proportion of the children, in his service, recovered under this treatment.—[*Ibid.*]

**RHODE'S AUDIPHONE.**—From the account of an examination made of it in Paris, it was concluded from experiments that it can be of no utility whatever to teach speaking to deaf-mutes. It produces no amelioration in the preception of vocal sounds, and it renders musical sounds more confused. This has been the experience of nearly all in this country.

**HYPODERMIC INJECTIONS OF MORPHINE IN SEA-SICKNESS.**—Dr. Bouchut in returning from the Congress of Algiers, states that

the passengers were packed like cattle, there being three servants to wait upon 120 first-class passengers. Every one almost was sick with no help to be obtained. Among these was one, aged 30, who suffered terribly. He vomited almost continually, uttered cries of suffering which were painful to hear. This lasted thirty hours when the physician of the ship was called. After hearing him prescribe lemon-juice, Dr. B. asked him if he did not have morphine or chloral. He replied in the negative. He then was offered one centigramme of morphine and a hypodermic syringe which was accepted and an injection made in the epigastrium, and one hour later the patient was relieved, and remained so for the rest of the trip.—[*Paris Médical*.

**ELECTRICITY IN OBSTETRICS.**—Dr. George Apostoli concludes from the observation of thirty-two cases of which eleven were abortions that:

1. Faradization of the uterus is always inoffensive.
2. It is calmative and sedative.
3. It abridges convalescence considerably by accelerating involution.
4. It accelerates the return and regular action of all the functions.
5. It preserves the woman from all the uterine complications that are caused by parturition.
6. It is the true treatment for uterine deviations, the result of labors, such as retroflexion or retro-version.
7. It seems to diminish the lochial discharge.
8. Being given the same amount of faradization the contractility of the uterus is very variable, being in inverse proportion to its inertia.
9. Its action as compared with that of ergot is much more energetic and prompt.—[*Progrès Médical*.

**SYPHILITIC ALTERATIONS OF THE TEETH.**—M. Parrot has devoted several lectures to the description of these alterations described by some authors as being of convulsive origin, and by others as of a rachitic nature whilst the author regards them as one of the products of hereditary syphilis. The following is a brief outline of the argument used by him to enforce his position.

The alterations of an atrophic nature, belong to a certain number of types which may serve as divisions in description.

Parrot first describes cuspid atrophy which does not affect the whole crown of the tooth, but merely its most prominent part, that engaged in grinding action. Thus in the incisors, it is the cutting part that is attacked; in the canines, the point; and in the molars, the cuspids.

The tooth that is more often altered is the first molar (a tooth of second dentition often showing itself before the others have fallen); it is also frequent for the bicuspids of the first or second dentition and for the incisors of the second dentition; it is much less frequent in the canines of either first or second dentition.

The typical alteration is found in the first molar where it is constant if existing in other parts of the mouth. The altered part seems free in the middle of the teeth and appears on a lower level than the sound part from which it is separated by a sort of furrow; it seems as if framed in the sound part from which it differs in consistence, color and in other characteristics. It is yellower, of an ochrey aspect; the cuspids are more pointed and filled with small elevations like grains of sand, and extremely friable. On the other hand, the part of the tooth upon which these altered parts rest is normal, often covered as if with a coat of enamel. The peculiarity of this alteration is the sort of retraction which the tooth has undergone at the same time and which has given rise to the separation between the healthy and affected parts.

Cuspid atrophy manifests itself in other teeth in an analogous manner. The characters are less marked in the bicuspids of the first dentition, the retraction is less pronounced. For the canine it is as well shown in the first as in the second dentition; the same is true for the incisors.

The cup-shaped atrophy, next described, may present itself alone or associated with other varieties; it is more particularly observed upon the upper middle incisors. The tooth is generally large and high, and on the anterior and posterior face are observed small depressions of varying numbers from one to eight. Their diameter does not exceed 1 mm. and they are in a horizontal row, united by small grooves or separated by a fold of enamel. At their level the tooth is not enameled; it is of a dirty yellow and the dentine is often exposed. This form of atrophy is very remarkable, because found in other forms and seems to be the elementary form of other varieties.

The third form is the sulciform atrophy, particularly studied by M. Magitot. It is rarely found in the molars; it occurs chiefly in the incisors and consists in horizontal furrows in numbers from one to three, rarely four, always horizontal and parallel, near the maxillary border. The depth of these is from 0.5 to 1 mm.; they are separated by a sort of swelling of the enamel. This variety is often found combined with the preceding; these furrows are formed by a series of small cup-shaped depressions, and in certain cases may occur vertically or obliquely.

A fourth variety is a hatchet-shaped atrophy. This is only observed in the first dentition and only in the incisors and almost always in the superior middle. It consists in a thinning of the middle part of the tooth, whilst the free extremity retains its primitive width, in such a way that the tooth presents the appearance of a hatchet. This alteration is not primitive, being only produced after the complete development of the tooth, whilst, the other forms described, commence when the tooth is still in its sac.

The fifth variety is that to which Hutchinson has called attention, consisting of notches occurring chiefly in the superior middle incisors, but being also found in others. It is known that he has established an important relation between this alteration and certain forms of chronic keratitis which he calls heredo-syphilitic.

All of these varieties may be more or less considerably modified, but are almost always accompanied by certain consecutive alterations. First of all is the color which is modified, even in the careful persons, becoming yellowish or even greenish. In those exposed to different dusts, these attach themselves to the surface of the teeth and give various colors. There is also an abundant deposit of tartar. By far the most important consequent alteration is caries. The molars are lost early, the jaw is atrophied, and spaces as seen in horses normally, are soon established.

There are, however, changes in the teeth which must not be confounded with those described. Thus at the second dentition, the incisors often present at their free edge saw-like notches, then it may occur that from friction incisors may cut a bevel edge on each other. The hatchet-shape may be determined by a caries. And again there exists normally in some subjects true furrows

It is therefore necessary to be careful in making a diagnosis.—  
[ *Journ. de Med. et de Chirurg. Prat.*

ACCIDENTAL TATTOOING.—Dr. Grandclément in *Le Concours*, says that 25 years ago he noticed the grave inconvenience resulting from the use of black court plaster. He observed a permanent color at the root of the nose in a lady of 80, the result of the application of the plaster at the age of 4 or 5 years.

The same persistence in a young woman of the same age on a frontal bosse. The dressing had been made by a good physician, for whom the patient has cherished an undying hatred.—  
[ *Lyon Médical.*

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## Proceedings of Medical Societies.

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### ARTICLE VI.

#### ST. LOUIS MEDICAL SOCIETY.

SATURDAY, APRIL 16th, 1881.

##### **Cystic-oxide Calculus.**

DR. JAMES.—Mr. Chairman, I have here a specimen of cystic-oxide—cystine, one of the rarest of the calculi, indeed the rarest except xanthine. My patient passed some of the cystic-oxide in the shape of little crystals of sand, which I wish to show. I will simply state that its rarity is the only thing that makes it of much value. Dr. Wollaston, I believe, was the first to separate its constituents from the urine. This patient of mine has been passing these calculi and sand for some two years. I have washed out with a double catheter as much as a tablespoonful of the crystals, almost perfectly pure, at once. A few days ago he came up (he lives in Arkansas), for treatment. He passed a number of these small crystals of almost pure cystic oxide, in its rarest form, and these I wish to show to the members. Cystine is chiefly remarkable for the large proportion of sulphur which it contains, and from the fact that it is entirely soluble in ammonia, and, as also, being one of the rarest forms of calculi. This patient has been a long time under my notice, but I can't say that there is anything remarkable about the case to report.

DR. MUDD.—Was there much irritation of the bladder?

DR. JAMES.—Yes sir, there was a great deal of irritation, great suffering at times. There would be no pain for several months probably, and then after an attack of cystitis, there would be a passage of these small calculi crystals in that shape. Whether the origin is in the kidney or the bladder I have not been able to learn. There has never been any trouble in their passage from the kidney to the bladder, at least he has never been laid up or complained of it. I will also state that under the microscope, the sand appears in the form of hexagonal crystals about one one-hundreth part of an inch in diameter—at the widest part across, at least. They are very beautiful when

observed under the microscope. I have prepared some slides, which under polarized light are especially beautiful.

DR. BERNAYS.—Mr. President, speaking of calculi of the bladder, reminds me that I have a specimen in my pocket that I show the Society. I was called to see a boy at night to relieve him of his water. The statement was that he hadn't passed any water for about twelve hours, and that he was suffering very much; so I went down and passed the catheter, and found this stone impacted in the neck of the bladder. I drew off the water, and afterwards the case came into my hands, and I performed an operation one morning. After giving chloroform I introduced a hollow steel sound, I introduced it in a convex, bent state down to the small curve. I felt the stone and on drawing the sound slightly outwards. I found that the calculus had become engaged in the slit and I was enabled to draw it through the penis. It stretched the urethra very much, but the boy got entirely well.

#### **Discussion of Cerebro-Spinal Meningitis.**

DR. HUGHES.—On last Saturday evening we were engaged in the discussion of the subject of the treatment of cerebro-spinal meningitis. A number of observations had been made somewhat at variance with my own experience on the subject, otherwise I should not have offered anything. Before making any remarks on the therapeutics proper, I would like to record my convictions that the successful therapeutics of cerebro-spinal meningitis, consist mainly in correctly determining and mastering the prodromic stages of the malady; that it is a preventive therapeutic that is of the most benefit to us in the treatment of this formidable affection. I believe that under the very best of treatment, when the disease is well established, cases will die, and the majority of the cases that you encounter during an epidemic will die. I think that great mistakes are made by the physicians in seeking for so-called characteristic signs of cerebro-spinal meningitis. They generally seek for signs of spinal meningitis, and overlook the fact that you may have cerebral meningitis displaying itself for some time, often times for a long time before the affection has implicated the spinal cord, so as to make itself manifest by any characteristic spinal symptoms; and the physician who looks for opisthotonos in all his cases, will look in vain; and if he makes that a criterion by which his

diagnosis is to be determined, he will commit an error in diagnosis. I believe that when I first saw these cases I made such mistakes myself and I know I have encountered such cases. You, Mr. President will recollect one case which impressed itself upon the minds of both of us by the diagnosis and the high hopes which we had raised; the favorable prognosis which we had formed as to the possibility of recovery of the case; that case which lingered along so many weeks, fluctuating and whose circumstances during my absence, you found so favorable. There was no opisthotonos in that case, during the 18 or 20 days of the illness, and yet it was none the less spinal meningitis. On the contrary after the disease had passed from the cerebral membranes down to the spinal membranes, the first evidence of the spinal implication consisted in the emprosthotonos. Now, there is another so-called characteristic sign which will fail us, and that is the inability of the child to flex its head without the sensation of pain. The individual who goes into the sick room expecting to find any one of the signs, to be an indubitable evidence, is doomed to disappointment and failure. Now as the constitution of cerebro-spinal meningitis, is a specific inflammation of the meninges, the specific poison of which is unknown, nothing remains for the physician but to treat it as a meningeal inflammation. I need not repeat what has already been said in vindication of the employment of quinine; but there is nothing more rational than the application of counter irritations and the application of cups in the beginning—the initial stage—at that time when we might expect to derive benefit in any other meningeal inflammation. Where coma has not set in and where there is no delirium, what better remedy is at hand, if the stomach will tolerate it, than *veratrum viride*, given only in such doses as are required to produce the effect desired? For regulating of the pulse we should give *veratrum viride* and *digitalis*; but if there be delirium, if there be coma it has always been my rule to employ *gelseminum*, and it will give a man a good deal of satisfaction if he gets a remedy that is good. I have had too much experience in the treatment of delirium of lunatics, not to know that it is one of the most valuable of the arterial sedatives at our command where you have head disturbances. Now you might ask me the rule, for every man has his rule in the employment of remedies, my rule in the employment of *gelseminum* (and I use the tincture prepared by Merrell of Cincinnati,



the clear transparent tincture) is to take three drops for the first year, and add one drop for each subsequent year of the child's age. I have never repeated that oftener than at intervals of two or three hours, and I never give during the day more than three or four doses, and in the employment of chloral I only give it at night. This is the only time chloral should be given in these cases. In its employment at intervals when you want to give the patient positive and regular rest, I can see no contra-indication whatever. On the contrary, in the treatment of this disease as in every other, we should aim to conserve the vitality of the patient, and put the centres, which are liable to be irritated by the presence of the disease at rest, at least for a time. Of course there is an objection to charging the blood continually with chloral or with any medicinal agent; it may be urged against any of the remedies we employ; but a calmative, tranquilizing, hypnotic dose of chloral, is never contra-indicated in these patients at night if the patient's stomach will tolerate it. The physician can never go astray if he puts his patient as far as practicable in a physiological condition of rest, periodically during the twenty-four hours, it matters not what the source of irritation may be, once during the twenty-four hours he should have rest, and I would not undertake to treat a case of cerebro-spinal meningitis without ensuring to my patient rest at least once in twenty-four hours; if these patients need it when they are well, how much more do they need it under these circumstances. When it becomes desirable to apply cold, there is no application that equals sulphuric ether poured down the spine and put to the head of the patient. Your ice bags are not equal to it, aside from the inconveniences connected with their employment; besides it is an anodyne. If you have ever tried the benefit of a copious application of it to your head in time of severe headache, you will find what a prompt effect the application has in relieving cephalalgia of the most intense kind. I have had the satisfaction of seeing the most acute pain which accompanies cerebellar abscess, and which is one of the characteristic, rational signs of that disease, relieved with a copious application of sulphuric ether when no other application would do it. Gentlemen who are accustomed to employ galvanism, will find in the congestive stages of cerebro-spinal meningitis, no better application than the constant current. During the day-time the bromide of ammonia is decid-

edly the best of all the bromide preparations. This is my experience not only in cerebro-spinal meningitis, but in all forms of continuous febrile irritation, where there exists disease of a depressing character and what my friend Dr. Johnston calls adynamic in its character. The bromide of potassium has no objection except for continuous use, and the bromide of ammonia is the preferable remedy in these cases; it is the one to which I always give the preference. There is an indication for the use of ergot but in nausea, which is so often apparent, you will find ergot contra-indicated. It will have to be combined with peppermint and creasote in order to make it remain. There is a preparation that is less objectionable than either of the fluid extracts; it is known as Bonjean's ergotine and is a solid preparation. With regard to the employment of baths, I know nothing that contra-indicates them; where the temperature runs high, putting the patient in a bath until the temperature comes down to the normal, and then wrapping the patient in a sheet and putting him to bed may be of benefit. The treatment cannot be otherwise in the present state of our knowledge than symptomatic. It is useless for gentlemen to decry quinine in a country and locality where the use of quinine is so essential even to the ordinary health of the physician as he practices medicine in the Mississippi Valley. I will only say in regard to this subject, repeating what I said the other night, that inasmuch as the specific character and specific nature of the poison of cerebro-spinal meningitis is not within our ken, and while we live in a community where there exists such a poison as malaria, producing certain definite effects upon the constitution, detrimental and depressing, and which tend to destroy the patient's life, it is not only rational to give it, but it would, in my opinion, be malpractice to withhold at least a certain amount of quinine in the treatment of cases of cerebro-spinal meningitis.

DR. DUDLEY.—I would like to ask you why you consider this disease a specific one?

DR. SPINZIG.—I want to ask Dr. Hughes by what symptoms the specific nature of the disease can be recognized, and by what indications of morbid phenomena we could form an opinion, that the products of the destructive processes are different from those that result from common inflammation. I understood the doctor to say it is a specific poison which produces the disease

and I think we ought to have some indication by which it would be recognized.

DR. HUGHES.—I don't want to enter into a lengthy discussion of the character of cerebro-spinal meningitis, but if there are no other gentlemen who wish to speak on the subject, I will answer the doctor's question. I think that I stated in the beginning that inasmuch as the specific character of cerebro-spinal meningitis was not yet ascertained, it was a very wise therapeutic procedure to treat the disease as we found it, to treat it as an inflammation, as we would an ordinary inflammation of the cerebro-spinal meninges, and to eliminate as far as practicable any poison which might find its way into the system. By reason of our knowledge of the existence of malaria in this locality, it is possible for a physician to have safe and correct views in regard to the proper therapeutic measures to be pursued with regard to a given case irrespective of what sort of theory he may entertain as to the existence or non-existence of a specific poison. It is not material, so far as our treatment is concerned, and as any knowledge we possess in regard to the possible specificity of the cause of cerebro-spinal meningitis, it is not material to our treatment, nor do I apprehend that we would be a bit more enlightened in regard to its therapeutics if we knew exactly what the cause—the specific cause of cerebro-spinal meningitis was. We know that it prevails at certain seasons of the year, and after severe winters; we know that it attacks certain portions of the body, that it seems to have an affinity for certain particular portions of the body, we know that it has certain symptoms by which it is recognized. We know that diphtheria has certain characteristic evidences, and we have not yet determined what the specific poison of diphtheria is. We believe that scarlatina is communicated by an infectible virus, and yet no glass has enabled us to see it and no eye has seen it, and no process has ever weighed it or enabled us to feel it except in its effects, and I think that discussion on the specificity or non-specificity of particular morbid influences, would be an exceedingly profitless debate in connection with the therapeutics of cerebro-spinal meningitis.

DR. JOHNSTON.—After the inflammatory stage has passed off, we find that Rosenthal has great faith in the iodide of potassium as an absorbent, and also the use of electricity is recommended

as an absorbent. He reports a case cured with it. He does not speak of any of the remedies Dr. Hughes has mentioned, except one which the doctor has incidentally referred to, and he does not really speak of that—it is ergot. He confines his treatment—as most of the Germans do and it indicates their good sense I think, although I may be wrong—to cupping, mercurial purgatives, iodide of potassium and cantharides. Potash and electricity are to be used in the anæmic stage after the inflammatory symptoms have passed off. A man would have to have a supernatural knowledge added to the common human knowledge, to be able to grasp the different signs and symptoms. If you want to decrease the the quantity of blood in the brain and spinal cord, bromide of potassium is the best remedy. I presume the bromide constricts the arterioles so as to prevent the blood flowing into the brain and spinal marrow, therefore it seems to me in inflammatory symptoms it would be a better remedy than *veratrum viride*. We have no evidence, that I know of, that *veratrum viride* does not constrict the arterioles of the spinal marrow and brain. *Gelseminum* it is said is an arterial sedative and it has pretty much the same effect. Brown-Sequard and Schiff say that bromide of potassium does constrict the arterioles running to the brain and spinal marrow, and therefore it would be the better remedy if it is tolerated, but I don't think any thing can be gained with the *veratrum viride* or *gelseminum* except as sedatives, but the bromide of potassium and ammonia will constrict the arterioles. Where plastic matter is thrown out, it does seem to me that the iodide of potassium, faradization, with hot or cold baths are the best remedies in the anæmic condition.

SATURDAY, April 23, 1881.

**Remarks on the Use of Veratrum Viride in the Treatment of Inflammatory Fever. By R. S. Anderson, M. D.**

MR. PRESIDENT.—In a recent discussion upon the treatment of Cerebro-spinal Meningitis, a disease now endemic in the city, many of the members have spoken with approval of veratrum viride as an antiphlogistic agent, considering its remarkable and rapid action in reducing the force and frequency of the heart's action as beneficial in inflammatory conditions, especially when this condition arises from the involvement of organs of fragile structure and vital function, and demanding prompt and energetic treatment. Believing as I do, with some others of the members, that such action is essentially hurtful and dangerous under these circumstances, that it interferes seriously with natural processes tending toward cure, uselessly retarding and embarrassing such tendency, and therefore absolutely contraindicated by the conditions to be filled, I beg leave, briefly to call attention to a line of reasoning setting forth my views in the matter. The importance of the subject, involving as it does the safety of valuable lives, staked upon the issue of a few hours' time, makes it one well worthy of our attention.

Vital action of life consists in and depends upon the concurrence of four so-called "conditions of life," the cell or organism, fluid food or plasma, oxygen and temperature. These elements of life are present together in all vital action, and the absence of any one of these prevents life. The mutual action of these four conditions of life upon each other, each in its proper and proportional limits, constitutes health. Life, in a word, is the force evolved by the decay or decomposition of the organism through the action of oxygen upon it, under a certain degree of temperature, and proportionally repaired by the supply of proper food for rebuilding the waste caused by the oxydation. I hope this proposition is made plain, as it is the basis, the *fons et origo* of the whole argument. This theory of life actions was originated and ably maintained by the lamented John H. Watters, late Professor of Physiology, in the Missouri Medical College, and formerly an honored member of this Society. To his writings, mainly preserved in various numbers of the St.

LOUIS MEDICAL AND SURGICAL JOURNAL, I refer you for the proof and elaboration of the theory, the only one which to my mind presents the complete and rounded simplicity of truth.

These elements, the cell, oxygen, fluid plasma and temperature, naturally acting and re-acting upon each other, constitute a perfect equilibrium of waste and repair in health. Any disharmony or inequality of their action, arising either from the non-integrity of the organism, the failure from any cause of the proper food supply, the predominance of waste over repair, or repair over waste, or any other divergence from complete and perfect mutually proportioned action and re-action of each condition upon the other is disease. These various departures from the normal equilibrium are each named in general pathology and constitute tubercle, cancer, inflammation, hypertrophy, atrophy, etc, which do not concern us at the present time. The point attempted to be made is, that disease, consists in the disharmony or inequilibrium of the above named conditions of life in their action upon each other. That form of disharmony which is characterized previously by disproportion of waste and repair, whether from increased waste over normal repair, or diminished repair under normal waste, inflammation and the action of the organism consequent upon this disharmony cause the symptoms or phenomena of inflammation, called fever.

Modern science has established and proved the theory of the correlation of the physical forces. This theory is, in a word, that the various manifestations of force in nature called heat, light, electricity, etc., are merely modes of motion, the same force under different manifestations, determined by the different conditions under which it acts. Each being convertible into the other, and being each, in fact, but a different form of the other. These forces are all evolved by the decay of matter under conditions. And so vital force, evolved by the decay of the organism under proper conditions is but another form of the same force and convertible into or interchangeable with the others.

The first indication which we have of the changing of vital processes caused by the disharmony of waste and repair is fever, increased temperature. This is vital force correlated by interference into heat. The same force formerly expressed in secretion, excretion, muscular contraction, or nerve energy is now diverted into heat. The amount of the increase of temperature is the measure of the disharmony causing it. The indica-

tion is to recorrelate it back again into normal vital activity, and this can only be accomplished by restoring the harmony existing in health.

The disproportion between waste and repair, may as before remarked, be caused by circumstances increasing oxydation over normal supply, and demanding reduction of oxydation to reproduce harmony or health; or the disharmony of waste and repair may be caused by diminished nutrition under normal waste, and requiring increased nutrition to accomplish the same end. Hence arises the widely differing theories of the nature of inflammation and the opposite treatments recommended. Each being true, under certain circumstances, since directly opposite causes produce the same result, disharmony of waste and repair.

Heat in its proper relations to the other conditions is an essential to life. Its increase up to a certain limit is a stimulant to all vital action. This is a universally admitted fact. Therefore, following the increased temperature caused by the correlation of vital action into heat, we have an increase of the heart's action of secretion, excretion, respiration, nervous activity, in a word of all vital functions. These phenomena called inflammatory symptoms are the conservative efforts of nature to restore the harmony of the vital actions by reportioning repair to waste, or waste to repair. The blood is an oxygen carrier as well as well as a food provider to the tissues. The increased general activity tends to cure by increasing all the vital processes, generating increased vital force and by glandular action, excretion of morbid products generated by increased waste, recorrelating heat into vital force and restoring harmony. I do not mean to say that this result is invariably accomplished by natural efforts. The processes of nature in the repair of disease are general in this character, follow certain types or routines, often attempt impossibilities even, and in their application to particular cases must be aided and guided, assisted or repressed by an intelligent use of the means which we have of removing the obstacles to their success. When the increased action of the heart does not, owing to local error, produce increased excretion of morbid matters generated by increased waste, remedies must be used which we know stimulate glandular activity. When the increased action of the heart tends to defeat its own object by over-congesting, frail and delicate structures, such as the meninges of the nerve centers or other organs immediately



essential to life; these must be spared by active and prompt depletion. When the heart itself tends to over-leap the bounds compatible with life, it must be repressed by the direct application of cold, and by all means which tend to reduce the heat by recorrelating it into vital activity. While the increased action is essentially conservative, it may be overdone locally and thus become dangerous. When the disharmony consists in decreased nutrition, as in the asthenic or low forms of fevers, the enriching of the blood in nutrient elements is demanded for cure, and in some cases stimulants may be required to enable the tissues enfeebled by scant nutrition to take up the nutrition furnished.

We thus see that no positive line of treatment for all inflammation can be dictated, and that under differing circumstances, depletion, cold, diaphoretics, diuretics, cathartics, tonics and stimulants are directly indicated, but I think there are few cases of fever caused primarily by inflammation when the end desired may be promoted by the use of veratrum, which partially paralyzes the heart's action, interfering not with the cause of the fever but with one of its results, and uselessly clogging and interfering with the conservative efforts of nature toward cure. It is beginning at the wrong end, instead of trying to return the increased vital activity to its proper expression in life actions, it is simply impeding it and tending to produce death by further disharmony and by checking the only power by which a cure can be accomplished. It would be about as reasonable to try to lower the fever by restraining the rapidity of the respiration which is proportionally increased in this condition. If a locomotive is plunging forward too rapidly for the safety of the train it must be checked, but not always by putting the brakes "hard down" and clogging the wheels. Such action might be dangerous to the life and structure involved. The same end may be accomplished by turning on the escape valve and letting off the extra steam, or by raking out the fire and lessening the amount of force produced. This illustrates exactly the difference between the action of veratrum and the means of treatment which I have indicated above. The increased heart action is not the cause of the fever, but the result of it, and efforts directed merely to reducing this action only more hopelessly complicate a condition already sufficiently perplexed. Veratrum is to some extent, a stimulant to glandular action,



and as such may not be entirely inappropriate, but its controlling influence over the heart's action, for which it is chiefly extolled, renders it in my opinion, very dangerous, and not so well adapted to the treatment of inflammation as many other remedies, generally indicated above, which act more powerfully on excretory functions without possessing its objectionable feature. I have never in the course of my experience found occasion for its use in this class of diseases treated of, and have never used it in them, and will feel amply repaid if I shall induce those fond of its use to reflect on its real effects and the very evident harm which it may do their patients, before putting their confidence in it.

The remedy has its uses. In controlling the arterial excitement accompanying neuralgic affections when the cause of the excited action is different, and the results of delay and interference in the heart's action not so great, it has proven a valuable remedy deserving of use. And in the febrile conditions in malarial affections when the nervous system is mainly at fault, and the danger is from severe internal congestions, the remedy is undoubtedly indicated. But in violent inflammations of organs essential to life, or in pneumonia, meningitis, peritonitis and others, it does not seem to me to be the appropriate remedy.

#### DISCUSSION.

DR. WESSELER.—Mr. President, it will be remembered that two weeks ago to-night, I entered my earnest protest against blood-letting in cerebro-spinal meningitis, and it affords me a great deal of pleasure to find that Dr. Anderson has taken the same view as myself. In the argument I presented that night I didn't say so much against *veratrum viride*, but my remarks certainly applied to some extent, to *veratrum viride*. I did think that these remedies were not indicated in cerebro-spinal meningitis, as those cases have presented themselves this season. I consider the cases of cerebro-spinal meningitis are of zymotic origin—are malarial, and I don't think we can consider it as a specific poison. I think this malaria is in some respects similar to the malaria of summer. There may be a distinction that we are not able to recognize. I don't see any difference between a child with a congestive chill, and one who dies with cerebro-spinal meningitis. I have seen several deaths recently from this cause, and they appear in all respects similar to congestive

chill. I believe that we have deaths in epidemics of small-pox, scarlet fever and measles where children die even before the eruption appears, just as they die now before any symptoms of cerebro-spinal meningitis make their appearance, that is before any distinct signs appear by which you can recognize the disease. I don't know how you are going to distinguish this poison. How are you going to call it a specific poison, if death result from a cause which I think primarily is one and the same cause; the zymotic poison which enters the blood or is generated in the system. I don't know how it enters the blood, but I believe that it is due to malarial poisoning or bad hygienic conditions. The symptoms as we see them generally are vomiting, headache and fever, and these are also presented in other diseases. In diphtheria or small-pox we generally find that the patient is nauseated complaining of pain in the back and headache at the beginning, so it is here. We only know that those cases are suffering from a specific poison, when an eruption appears or if any peculiar condition or symptoms be developed to such an extent that we know that it is cerebro-spinal meningitis. The treatment that has been recommended by different members of this Society, certainly does not coincide with my views of the case. I believe there is more harm done with depleting remedies, such as veratrum viride, than good. I would as soon give a patient suffering from gout, porter and beefsteak as I would deplete with blood letting or veratrum viride in these cases of cerebro-spinal meningitis. The cases I have seen did not require such treatment I am sure. My plan has been to give quinine and opium, and I believe that I have been as successful as the majority of practitioners. I have treated a number of cases, and I have written certificates. We all know that we don't cure them all; I don't make any such boast, but I do think and know that every case of an adult that I have treated has recovered, and I have treated them with quinine and opium or Dover's powders combined. Those who were not able or desirous of incurring any more expense than was necessary have come back with their empty boxes to have the powders repeated, saying that "the fever had come back (they recognize it as a fever and they know this without us telling them, it acts like a fever) and they want some more powders." "The spasm and headache has returned," and so on. I give them sufficient quinine and opium, in the form of Dover's powders, to relieve the

pain, and I say that all the cases of adults that have come under my care have recovered. Of course I have been called to a number of small, delicate children who have died. I believe that the antiphlogistic treatment is certainly not indicated. I would just as soon bleed in intermittent fever, as in cerebro-spinal meningitis. I don't believe the patient has vitality enough to throw off the disease. I don't think healthy persons are attacked with the disease. If a person is strong and healthy, he will not contract the disease; his system will not be attacked by the poison. We hear talk about robust persons having the disease; no doubt fleshy persons have it, they are apparently robust, fat in the face, puffy in muscular tissue, but not in muscular strength. It is deceptive. I think a great many cases have been caused by bad air getting into the sleeping apartments through defective sewerage. I do think there are a great many deaths caused by that one cause of having stationary basins in sleeping apartments. I have had some little experience in having a bed-room of that kind. The death of my little infant was caused, I think, by having a stationary wash basin in the sleeping apartment, where the cold air is constantly passing in and out and if the plumbing is defective, I am satisfied that any human being of small vitality will absorb enough poison in a short time to cause its death. I believe that a good many of the deaths in the better families have been occasioned by this one cause, although I am not able to ascribe any to this cause in my practice. The cases that I have attended seem rather to have been caused by the patients being confined to basements. People having good houses, but being of a saving character, who didn't care to use their best room, have a room down stairs and keep the children around them all day in this room, never allowing them to go out because the winter was so very cold. I am satisfied that one family lost three children in that way. They were apparently robust, hearty looking, but hadn't been out in the fresh air all winter. They were kept in the basement. These are my reasons, and I hope some of the gentlemen will express their opinion so that we may get at the truth.

DR. ROWLAND.—I didn't come in early enough to hear all the doctor's remarks. I simply heard him state he had been very successful in his course of treatment with adult patients. I have had a little trouble with most of my cases of cerebro-spinal

meningitis, and in one or two cases I have had a good deal of trouble. I am attending a girl now who has been under my treatment six weeks. The child seemed well, as many as half a dozen times and then without any cause, that I can see, just when she seems likely to recover, she falls back again and every time she falls back she gets a little weaker. She seems to recuperate, her appetite improves, the urine looks natural, and she seems to get pretty well. The child on several occasions has been propped up in bed, and has even played with her toys, and under the course of treatment she recovers so kindly, and yet while still continuing this course she falls back and has a recurrence of fever, great nervousness, great distress. I have had two cases of this kind. This is the most marked of any I have treated, and there have been strong indications of convulsions. She falls back without any apparent reason. I would like to hear the opinion of some of the members on the subject. I will say while I am on the subject that I have given the child quinine and iron and in the early stages bromide of potassium. I have given fluid extracts of ergot, and lactopeptine as the digestion was imperfect. There has been considerable difficulty with the kidneys. There seems to be retention of urine, and at one time there was about forty-eight hours suppression of urine. I didn't get the kidneys to act at all during that time, but when they did act, they did so pretty freely; the secretion was highly colored and the specific gravity was pretty high. On the day following the urine was natural. I still have some hopes of her recovery; but I somewhat fear I shall lose her. I am giving quinine and iron and a little potassium.

DR. DICKINSON.—I would like to inquire whether the hearing or vision is affected or not?

DR. ROWLAND.—There is no difficulty with either of those organs so far as I can observe.

DR. DICKINSON.—How old is the child?

DR. ROWLAND.—Between 4 and 5 years.

DR. DICKINSON.—Is her mind perfectly clear?

DR. ROWLAND.—Yes sir; she is excessively irritable. The first week she was very patient—remarkably so; she took her medicine more kindly than any patient I had, and I have treated quite a number for scarlet fever and meningitis. She gradually

grew very irritable and for the last three or four weeks she is very spiteful. Every time I go in the room she tells me to "get out," and she will get in a perfect tremble. When I enter the room if she is perfectly quiet, and everything does not go exactly to suit her she gets excessively irritable and nervous. These paroxysms are very irregular. They occur at intervals of twenty-four, thirty, thirty-six, forty, or forty-eight hours, and once she went fifty-six hours without any paroxysm. Sometimes she is very sick, distressed at the stomach although she has not eaten anything unusual. She has had some retraction, but that only lasted three or four days. I applied a blister six inches long to the back over the nucha. There was almost opisthotonos at one time. I gave her alcoholic stimulants, but she is not taking much now.

DR. HURT.—Mr. President, I don't believe I can advance any view from my own observation on the question of pathology and treatment of cerebro-spinal meningitis, that would be an improvement on what has already been suggested before this Society by various members. I regret very much that there appears to be a want of harmony in the views of practitioners who seem to have the largest experience in the treatment of this disease, and it is certainly a very formidable one, and I suppose like all other diseases of great and prevalent mortality, we seem to be at a loss as to both pathology and treatment. The subject of Dr. Anderson's paper I suppose is properly under discussion, and as the doctor advances some views in regard to physiology, that might apply as well to any other class of disease that could be proposed, as to that of cerebro-spinal meningitis; I would suppose the discussion of any of the points adduced by the doctor to be in order. Dr. Anderson gave us a very interesting formula of life. One that will, perhaps, receive the endorsement of a very large majority of medical practitioners, both of the learned and moderately informed. It is the view more generally received, perhaps, and more acceptable to their judgments and tastes than any other formula that could be proposed; and yet when I undertake to reason out and evolve life on this formula, I always meet with an obstruction. I cannot reach the fact satisfactorily, how certain proportions of known substances, which on being brought together and by their known clinical relations and actions upon each other, com-

bine and produce life. As far as we are advanced in the experimental knowledge of chemistry, no one dares to assert the possibility of evolving life by the aid of any combination of matter in any proportion that he can propose. You cannot take known quantities of oxygen, hydrogen, carbon and nitrogen for instance, or any of the other simple elements that we might propose, and by combining them under our knowledge of the relations of these substances—we might say by our knowledge of the conduct of these atoms towards each other, and evolve life. While I am obliged to admit, that in all the phenomena of vital force, chemistry seems to be in full activity, yet I am obliged to assume that there is a force independent of chemical law; there is something necessary to get vital phenomena which has the power of subordinating all known chemical law. Before you can evolve life you must assume an unknown quantity of an unknown something—an unknown quantity of force which you can not formulate in chemical law, and you must assume that all known chemical phenomena are subordinated to this unknown something before you can reach the products of vital phenomena.

DR. ANDERSON.—I will say, Mr. President, there seems to me no difficulty to evolve life from matter, which the doctor says we can't do, if we have got a germ. If we have the germ, such as a grain of wheat or corn, and we can evolve life under certain conditions, by supplying a certain amount of oxygen, a certain amount of fluid etc., and we invariably have life. If we can make a germ we can produce life. It is no mystery.

DR. A. GREEN.—If you please Dr. Anderson you can continue life; if the life is already there. The germ must be alive then you can continue life; but you cannot produce life. *Omnis vita a vita est.*

DR. WILLIAMS.—Mr. President, Dr. Hurt seems to be in doubt as to our being able to evolve life or produce life. I suppose that he has forgotten that under certain circumstances he can evolve life by bringing certain two substances in contact under favorable circumstances, for instance by bringing spermatozoa and an ovum in contact under certain circumstances. But we have been digressing from the subject under discussion, which was cerebro-spinal meningitis.

DR. HURT.—If the doctor will allow me, I would like to propound a question to him before he proceeds to the subject of cerebro-spinal meningitis. The fact that we produce vital action and organism by the proximity of two organisms, or we might say, of two molecules of matter, is perhaps, a question that I would not controvert with the doctor, but I would like to ask him how he makes the ovum or the spermatozoa?

DR. WILLIAMS.—I don't propose to account for any of these abstruse things, I only wanted to remind the doctor that by bringing these two substances in contact under favorable circumstances we could produce life.

DR. A. GREEN.—It is very wrong, doctor, indeed. The spermatozoa must be alive and the ovum must be alive, and if brought in contact you continue life, but you do not produce it. If the ovum is dead and the spermatozoa is alive, you cannot produce life, or if the ovum is a living one and the spermatozoa is dead, you fail to produce life. Both must be living and then under favorable circumstances you continue life.

DR. WILLIAMS.—I was talking of a living ovum and living spermatozoa. I was not talking of dead matter; but of spermatozoa and ova as found in nature—physiological spermatozoa and a physiological ovum. But this is a digression. The case reported by Dr. Rowland, of a girl who has repeated recurrence of fever following the inflammation of the brain and spinal cord, reminds me of a case I saw this week, or rather of a case I was consulted about similar to the one he mentions. A gentleman called at my office early this week to ask me about his child, who some weeks ago had a severe attack of cerebro-spinal meningitis, and in this case the child became completely deaf. In describing the case he mentioned that the child still has fever every few days—an attack of high fever at which time it suffers quite severely. The child is some two or three years old. He was very anxious to have something done to restore its hearing, and wanted to bring the child to my office and have it examined. I told him he had better wait as it was not certain that the child would not die yet as it had these attacks of fever. He seemed somewhat slow to give up the idea of having an examination made immediately in regard to the deafness; but I prevailed upon him to wait until the fever subsided. It would not surprise me if the child died at any



time. It is well known, Mr. President, that persons who have cerebro-spinal meningitis, occasionally have the vision involved. They not infrequently get blind from the disease, and persons often get completely deaf in connection with this disease. They get deaf much more frequently than blind. Now in case of blindness the exudation from the inflammation of the meninges of the brain proceeds along the optic nerve to the bottom of the eye causing destruction of the optic nerve. In the case of deafness—complete deafness is produced by exudation of the inflammation of the meninges along the auditory nerve into the cavity of the labyrinth, and finally resulting in the complete destruction of what is known as the membranous labyrinth and when the suppuration completely destroys the membranous labyrinth the deafness is incurable. So far as my experience goes, I have never seen a case of partial deafness as a sequela of this disease. All the cases I have ever seen have been of complete deafness. I never saw a case where one ear, alone, was affected. I have never seen a case that recovered or even improved in the slightest degree after the disease subsided; the condition of the labyrinths in such cases precludes the possibility of any improvement either from treatment or from the efforts of nature. These conditions are absolutely hopeless. It would be an interesting matter to learn from statistics what the proportion of deafness in a given number of cases is. That matter could be determined by collecting a large number of cases and learning how many were deaf and how many escaped deafness. Only last week I examined a child from the northern part of the city who is completely deaf from this disease, and this case I regard as hopeless. I told the father so in the other case but he wants the child examined.

DR. RUMBOLD.—I think it was in 1874, that I reported to the Society the history of a case of what I consider a deafness from cerebro-spinal meningitis. About a year ago the patient died of paralysis or apoplexy. I think it was apoplexy, although it was reported to me that paralysis was the cause of death. I made a post-mortem examination of the case and have got a portion of the brain and the ears. One ear I now have in my possession; the other, I opened into the labyrinth and made a very careful examination. The result of this examination was adverse to Dr. Williams' theory of the inflammation of the labyrinth.



There was nothing the matter with the labyrinth. I have the other ear yet untouched. In this case there was a contraction of the meninges on the base of the brain at about the location where the seventh nerve leaves the brain. This part was contracted sufficiently severe to press on the portia mollis, and the portia dura of the seventh nerve. The hearing was entirely destroyed, but the facial nerve was unaffected. I have no doubt that it was the pressure on the soft portion of the nerve that caused the deafness. The ear that I opened, had nothing abnormal the matter with it. I made a post-mortem examination especially for the purpose of seeing if the ears were involved in the meningeal inflammation.

The auditory portion of the seventh nerve was reduced to probably not more than one-fifth of the usual size. In this case the deafness was complete.

A peculiarity that I have observed in adults who have lost their hearing from this disease, is the rapidity with which they acquire the faculty of lip-reading. They can soon understand every word that is said, from simply seeing the lips move. I had a patient of mine visit me the other day, who has been deaf from this cause for eight years, yet he conversed with me as well as most persons could do if they were a little deaf. Sometimes if I didn't pronounce my words plainly, or didn't move my lips sufficiently, he would be compelled to ask the question a second time, but I have almost no difficulty in conversing with him, yet he cannot hear a steam whistle. He is engaged in business, he has a drug and book store.

DR. A. GREEN.—In 1873, I was called to see a child with cerebro-spinal meningitis, and after the child had somewhat recovered, I saw the child was deaf and blind. So completely deaf that no noise at all in the room would arouse the child; it didn't hear the least particle and it was perfectly blind, and yet the parents questioned me about the probable result, and I didn't give them any hope. The child improved and in four or five years was perfectly well and can see as well as ever now. I think in this case it was merely an inflammatory exudation, for instance on the retina, and this was absorbed and he got all right again.

DR. WILLIAMS.—How old was the child?

DR. A. GREEN.—I don't know exactly; between one and two years.

DR. WILLIAMS.—Are you sure it was perfectly deaf and blind.

DR. A. GREEN.—Yes, sir; there is no doubt about it. It didn't require a physician to find out the boy was deaf and blind.

If you are astonished I will tell you of another case, not of cerebro-spinal meningitis, however. A few months ago I was treating an unmarried female, who was in confinement and who had eclamptic fits very severe, and was perfectly blind for four or five days, and I told her relations that if this condition lasted a day longer, I wanted an eye doctor in consultation; she got well, however, from the blindness; but she remains epileptic.

DR. WILLIAMS.—I will say in answer to what Dr. Green has said, that the child was so young and so very sick, as it must have been with this affection, that to say the least, it is uncertain whether it was completely deaf and blind.

DR. GREEN.—It was deaf and blind so far as the senses could detect.

DR. WILLIAMS.—So far as the lady is concerned, this is not infrequent where we have a brain affection, we often have temporary blindness which disappears afterwards; that is nothing uncommon. We were speaking of deafness and blindness in connection with cerebro-spinal meningitis, and I have never seen a case of deafness that even improved; and I have never seen a case of deafness that was partial; I don't remember of ever having seen a case of deafness in one ear only. I have seen, I suppose, as many as one hundred of these cases of cerebro-spinal deafness. When I first began to practice in Cincinnati some years ago, I tried to treat them but failed absolutely; and now I tell all such patients that the case is hopeless, I advise them to let them alone, and educate them as deaf children.

DR. JOHNSTON.—Mr. President: I think that Dr. Williams is right in his views, but we must remember that in those cases that came under his observation, the inflammatory stage which preceded that disease had subsided and left this organic trouble. All the writers on this subject, Rosenthal and Charcot say it is hopeless in that condition, it is true, but in the initiatory stage of cerebro-spinal meningitis when we first have hyperemia; you

have arterial excitement; you have stasis and the stasis produces that condition we call inflammation; the inflammation produces an effusion of plastic matter and it is now, when the effusion is thrown out that this injury takes place in all diseases of the brain and spinal marrow. Now, if while the inflammation be in process, treatment is given it may be arrested and the system excited to absorb this plastic matter. If you look at Rosenthal, you will find a number of cases reported as cured, but it has been in the acute stage.

DR. WILLIAMS.—Does he report any cases of deafness cured?

DR. JOHNSTON.—Yes, sir; but it is only in the inflammatory stage; after the sclerosis, the breaking down of the nerve fibres occurs it is hopeless. I think from the doctor's observations that his experience has generally been with cases that came to his office.

Then they are hopeless and Rosenthal and Charcot will tell you so. When the oculist sees the patient the sclerosis has taken place and the case is hopeless, but if when the inflammatory stage is going on you excite the absorbent system, and remove it your patient will get well. Of course if the exudation goes on to sclerosis it will be a failure.

DR. RUMBOLD.—I would like to say that I have another evidence that the internal ear is not affected to such a degree as to perfectly destroy the nerve in the internal ear; at least I think it is good evidence; when we use electricity on the ears of those cases that are deaf from cerebro-spinal meningitis, the reactions of the positive and negative currents are just the same as in the healthy ear. It is a remarkable fact that if the negative pole is placed in the left hand and the positive pole applied to the ear, at the opening of the current there is a peculiar sound formed. The sound from the positive current is different from that of the negative. On account of this peculiarity you can easily tell whether the patient is telling the truth or not by changing the poles when he does not observe it. There are four different sounds, two from the positive pole and two from the negative. I have had examined in this way, a number of patients,—probably eight or ten—who couldn't hear anything, each of whom announced the proper sound such as I heard in my own ears. I think if the delicate mechanism of the internal ear was entirely destroyed, we would not have any sound whatever from it, cer-

tainly not any more than we would have in any other part of the body.

DR. WILLIAMS.—Mr. President, I don't think an experiment of that character would prove much so far as the auditory nerves are concerned because the electricity stimulates the whole brain. If the experiment proves anything at all, it proves that the roots of the nerves were, possibly sound, at least not destroyed; it does not prove that the trunks of the nerves are intact or not completely destroyed.

DR. RUMBOLD.—I think that it proves that if there were suppurative inflammation of the internal ear, this would certainly destroy everything there, so that it would not nor could not be affected by electricity. Even if this agent is made to pass through the brain, no sound will be noticed if the internal ears were destroyed. They cannot be heard if there has been suppurative inflammation of the internal ear.

DR. WILLIAMS.—Why not.

DR. RUMBOLD.—Because the organ by which sound is perceived is destroyed, the electricity cannot produce sound in other parts of the body, this is perceived by the ear only.

DR. KINGSLEY.—I only wanted to inquire, Mr. President if any gentleman who has been attending those cases of females have observed that there was free vaginal secretion. I ask this because in three cases I have observed there was a very free secretion from the vagina. My attention was first called to it while attending a female in whom it became necessary to evacuate the urine twice a day, when I found the secretion so copious that it became necessary to remove it in order to introduce the catheter. In the second case I also had to evacuate the bladder with the catheter and found the same condition. In the third case, which was a child 2 years of age, the mother first called my attention to the fact that there was a very large amount of secretion in the vagina.

DR. ROWLAND.—In the case of a little girl I mentioned, there was a copious discharge which caused considerable irritation. My attention was called to the fact that she was not passing water, and I thought I would use the catheter. I found decided hyperemia and copious discharge. I afterwards noticed that in one or two other female children, but not in the same degree as

the one I first spoke of. I thought the retention of urine might have something to do with it, but I am inclined to think it is some affection of the vulva and vagina so far as I could see after the hyperemia passed away measurably there was still retention of urine. I don't know whether the pain had any influence on the urine or not.

DR. HURT.—These cases of discharge from the vagina of some of the patients reported by these gentlemen suggest the possibility of corresponding discharge from the urethra of the male. I should like to hear if any of the gentlemen who have had opportunity for observation in the treatment of cerebro-spinal meningitis have discovered anything like a urethral discharge? If there is not, we might suppose the discharge from the vagina of the female was simply a coincidence.

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SATURDAY April 30th, 1881.

**Incising the Cervix Uteri.**

DR. JOHNSTON.—Mr. President: Recently Professor Thomas of New York, published a work on gynecology. In the *American Journal of Medical Sciences*, for April 1881 there is a review of that work, the fifth edition. But before making a criticism of Dr. Thomas' work, I wish to call the attention of this Society to the fact, that some 25 years ago there started from a village in South Carolina, an inventive village doctor. Before his advent certain classes of females who were so unfortunate as to have delivery followed by vesico-vaginal fistula, were excluded from society. That gentleman invented a speculum which has been of great service to gynecologists and females, not only in America, but throughout the whole world. He really might be termed in a certain sense, the father of gynecology—that man is Marion Sims. We ought to feel grateful to Sims for the progress he made, but while making great advances he has made great mistakes; and not only Marion Sims but other eminent gynecologists, which 20 years ago I denounced in this Society. It so happened in 1866 that I was attending a lady, who had an abortion previous and left her with retroflexion of the womb. I could not introduce the sound. Dr. Pallen Sr., and Dr. Pallen

Jr., were called in and with Dr. Sims' tenaculum we brought the womb down and succeeded in introducing the sound—Montrose A. Pallen is entitled to that credit. After the operation practiced by gynecologists, of introducing the uterotome and incising the internal os, no advice was given as to using the bougie. Well the operation had to be performed a second time. The woman was much improved; her monthly periods came on without much pain. The woman never was impregnated, though it had been said she was. Common sense would teach us that after making this incision when the wound would heal by granulation it would leave a cicatrix, and when the female gave birth to children she would suffer more. The first man to come out and condemn the practice was Emmett of New York. We are indebted to Dr. Emmett for the denunciation of what has proved to be mal-practice, and yet, Emmett in my opinion has unfortunately committed a greater error. You will find in his work on laceration of the cervix, on fissures of the cervix, he has advanced the doctrine that those fissures may heal and reflex irritation may emanate from the cicatrix, and have the effect of producing any amount of nervous disease. Is it not every man's experience who is in this room that you may tear the skin which is much better supplied with nerves than the cervix (which is not well supplied) without the production of reflex action? Now if you have an injury of the dermoid tissues, and have none of this reflex action producing this train of nervous disease, why in the name of common sense will a little tear of the cervix, excluded from irritation of the air, bring about such a train of symptoms? Is it founded in reason and common sense? I state here to-night that it is my opinion that this practice will fail—this "V" incision of the cervix for *ulceration, laceration, imaginary irritation*, will surely fail, and aid the death of the cervix-slitting. Notwithstanding Goodell says that one-sixth of all married females who have children, have laceration of the cervix, have an injury to their health following these wounds. Now is it possible that Goodell is correct? Thomas in the 28rd, chapter, according to the review in the *American Journal of Medical Sciences*, states that in laceration, ulceration and abrasion of the surface of the cervix, we must make this "V" shaped incision and bring the parts together. This is the common practice, and it is wrong. When you make this incision and it heals, you contract this portion of the cervix—you not only contract it by

this incision, but you have got a hard cicatrix, that must be overcome when that woman gives birth to a child again. Now when the wound is healed there by granulation why should that impinge on the nerves of the cervix any more than this incision which does not heal by granulation? In common sense, would not nature heal a tear there by granulation, and leave as little irritation impinging on the end of the nerves, as an incision brought together by sutures? One would be as apt to produce reflex action as the other. If there be a slight fissure there, treat it by cauterizing it and leave it to heal. These two gynecologists in New York, backed up by Goodell, declare that one-sixth of all married women are suffering from these fissures, ulcerations, lacerations, and irritation of the cervix, or healed cicatrices, and to cure these you must perform this "V" operation. I say to-night that Dr. Thomas will regret ever having performed this operation, as I have no doubt Marion Sims now does in slitting up the cervix. Whilst we get rid of one class of invaders, another class comes up. They are errors of great men and I venture to say that Thomas and the rest of these gynecologists, who deserve credit, for advances in this branch of medicine will repent of ever having performed this operation; while Dr. Marion Sims' operation for vesico-vaginal fistula will live through all time. It is to be regretted that these men commit these errors by slitting up and sewing up these cicatrices and lacerations and ulcerations.

DR. POLLAK.—There is a gynecologist in this city who has operated 107 times, and published it.

DR. JOHNSTON.—Well he will be where I. Baker Brown was for making an operation for the removal of the clitoris to cure hysteria, one of these days.

DR. BARRET.—Do I understand Dr. Johnston unequivocally condemns both, the division of the cervix to relieve dysmenorrhœa and also the closure of lacerations of the cervix as first advocated by Emmet.

DR. JOHNSTON.—I did most assuredly.

DR. BARRET.—My friend, Dr. Johnston, is very wrong in both positions; radically wrong; and I am surprised to hear such statements in this Society. No operation developed by recent surgery, has wrought so much good as the closure of



laceration of the cervix. So far from the performance of the operation being nonsense, it is common sense, both in theory and in practice. The results attained by its performance justify this statement. It is approved wherever gynecology is known, and universal as its recognition has been, the capabilities of the operation to do good are still imperfectly appreciated. Emmet has done much for science and for suffering women, but had he done nothing else than point out the pathological importance of cervical lacerations and indicate their proper treatment he would have earned immortality. The dilatation of the cervix in labor is purely or almost entirely a mechanical process. The contraction of the longitudinal uterine fibres open the os only to a small extent, perhaps, not larger than a dollar. That fact is proved by observation in cases where the presenting portion of the foetus cannot engage in the cervix. In shoulder, in transverse presentation and in contracted pelvis, we never see the neck perfectly dilated. The child's head propelled forward wedges the neck open. This is a violent process, and more or less laceration to the cervix always occurs. It is true these wounds frequently heal up, but frequently do not, and if they do not, they give trouble. If the lacerations are in the anterior or posterior circumference of the neck they are more likely to heal, because the vaginal surfaces keep the wounded surfaces in apposition and they unite, but if they are on the sides of the uterus they are constantly subject to fluctuation, by backward and forward movements of the uterus, that occur in respiration. When the woman rises, before the womb is perfectly involuted, and such injuries retard involution, the wound is separated every time she moves, by friction against the pelvic floor. Moreover, these lacerations frequently extend below the vaginal junction into the loose connective tissue about the uterus. It is well there is so much connective tissue around the lower segment of the uterus. If it were not for this, lacerations would often extend into the peritoneal cavity. There are three ways in which these lacerations cause reflex irritation, and the "air" does not, as my friend supposes, cut any figure in it. First, the head as it comes through crushes the cervical mucous membrane. This membrane, bruised and stripped of its epithelium, is everted by the head, and is constantly irritated by the friction incident to the respiratory movements, and by being bathed in the acid secretions of the vagina, a chemical irritant with which it



was not designed to be in contact. These influences keep it chronically denuded of epithelium, cause hypertrophy of the papillæ, and hyperæsthesia of the nerves supplying them, thus the appearance is produced, which has so long been erroneously supposed to be ulceration. A second source of reflex irritation is this—when the tear extends into the connective tissue about the neck, cellulitis is excited on the side corresponding to the rent which usually extends to the broad ligament of that side. The inflammatory material effused into the inflamed ligament shortens it. The woman commonly gets up with a sub-involuted uterus and vagina. A uterus too heavy. A vagina abnormally weak. As a consequence, the uterus prolapses and the chief strain falls on the shortened, thickened, sensitive inflamed ligament. Every time she breathes or moves or coughs, this sore ligament receives a fresh injury. Thus cellular inflammation is augmented, and perpetuated, and thus irritation is reflected to every ganglionic centre.

The last source of reflex irritation is the scar-tissue that is left behind when these lacerations heal in part or whole, the method of healing being by granulation. It is a matter of surprise that wounds constantly irritated as they are by friction and bathed in the poisonous discharges that follow labor ever heal by first intention, yet they often do. When they do not cicatricial tissue necessarily remains. The contraction of this cicatricial tissue impinging on the extremities of the nerves causes reflex pain just as the same kind of pain is excited in the stump of an amputated limb.

A large number of women, with uterine disease, who have borne children are suffering directly or indirectly from injuries of this kind. I do not think Goodell places the proportion too high. The advocates of the operation will never be obliged to renounce their statement or regret their operation. Year by year it will grow in favor, as the profession is educated to appreciate its beneficent power to mitigate female suffering. My friend asserts that the operation must leave cicatricial tissue, contract the os and impede subsequent labors. Each of these assumptions is incorrect. If the cicatricial tissue present is removed, the wound approximated and united by first intention, no scab is left to irritate. On the contrary the scab is removed. The os is not made narrower. It is simply restored to its former shape and size, and I can affirm this from personal observation.

When physicians everywhere have learned and fully realize that what they have supposed were ulcers are no ulcers at all, but lacerations, and when they have ceased to maltreat such cases with strong caustics, it will be a happy day for women.

There is no such thing as an ulceration of the cervix if we except syphilitic and cancerous ulcerations. The effect of this operation, properly performed in a proper case is most satisfactory. There is no substitute for it. Its happy results often surprise as much as they gratify the experienced operator. The operation, however, though a necessary step, is only one step toward the cure of the case, and I would not have it inferred that I or any one else who appreciates the operation advocates it as a "cure-all." I look upon lacerations of the neck and lacerations of the perineum as the source of nine-tenths of the diseases that afflict women who have borne children. The repair of these injuries is indispensable to the restoration of those who suffer from them.

I think Dr. Johnston is entirely mistaken; I know that he is, I don't think anything about it. The "V" shaped cicatrix the doctor refers to is this: Suppose there is a wound in the os, it is after labor always bathed in unhealthy secretions, and the wound heals by granulation, commencing at the deep angle of the wound. After the wound is closed by granulation, a triangular cicatrix is left at the bottom of the laceration of a V shape. Now this cicatricial tissue becomes a source of reflex irritation, and the woman won't get well until it is removed. It becomes sensitive just as the stump of an amputated limb may. The nerves become entangled in the cicatrix, and all kinds of reflex pains and functional disturbances are thus excited. I have heard personally, of a case which Dr. Emmet has not, I believe reported. It was that of a woman who had an intense neuralgic pain in the eye. She had consulted many of the eminent oculists of this country and several in Europe with reference to it, and as a last resort, had about decided, by the advice of her physician to have the eye extirpated. Emmet detected a laceration with a mass of cicatricial tissue at the bottom, removed the cicatrix, closed up the laceration, and relieved the pain. I have never seen a case as striking as this, but from my own personal observation, I believe these lesions are capable of producing reflex pain of any kind or degree, and I am fully prepared to credit this unauthenticated report.

In reference to division of the neck, I think most gynæcologists have given up the bi-lateral section, if that is what the doctor refers to, and then Sims' posterior section is endorsed by everybody who practices it. Dr. Emmet gives it a colder endorsement than anybody, though he pursues the practice. There is nobody who has a higher regard for Dr. Emmet than I have. I was his assistant a long time and know his experience and the soundness, generally of his opinions. Prior to my acquaintance with Sims, I always operated for division of the neck after Dr. Emmet's plan, but I rarely got satisfactory results. Dr. Emmett does not keep the neck open sufficiently after he has operated, and that is I believe the secret of his dissatisfaction with the operation. I believe all dysmenorrhœa is mechanical. I don't mean to say a woman may not have pain at the menstrual period without having a mechanical obstruction. I mean that intermitting pain—colicky pain is indicative of obstruction, and a woman with a cervical canal of normal size may have this kind of pain, and hence have mechanical dysmenorrhœa. There is no size for a cervical canal, the proper size depends altogether upon circumstances that are peculiar to the case. If a woman menstruates naturally if the mucous membrane of the uterus is in a healthy condition, and the blood flows away drop by drop as it should do; a woman can then menstruate through a very narrow orifice without any pain; but if shreds of membrane be formed which form foci for the formation of clots, and clots are formed, or if large shreds of membrane are cast off, it would be impossible for them to pass through a narrow orifice, or through an orifice of the standard or one above the standard size without pain. So that a canal that is large enough for one woman, is not large enough for another; or a canal which is large enough at one time is not large enough at another in the same woman. It depends upon the peculiarity of the menstrual flow and this varies at different times in the same individual. I have recently heard of two cases in which the entire mucous membrane of the uterus was expelled in one single cast. A triangular membrane with the three openings; a perfect cast of the uterus, and there was no pain. The only explanation that could be given of this unusual occurrence by the physician in attendance was that the cervical canal was evidently open. There was *room* for it to pass without mechanical obstruction.

DR. JOHNSTON.—As I said before, great men make great mistakes. This is a matter of interest. Dogmatism does not hold in the medical sciences. Isaac Baker Brown announced to the world that he had excised the clitoris and cured hysteria. Isaac Baker Brown, for making false statements was expelled from the "Obstetrical Society of London." I objected to the doctrine of Dr. Sims of mechanical obstruction in every case. I say that the lateral, posterior, or anterior incisions through the external or internal os is not the treatment. It is now ascertained from experience that the sponge tent dilatation is much the best treatment, and I think I stated here to-night that the majority of gynecologists in Europe and also in America, with the exception of one or two of them have abandoned the lateral operation, and the posterior operation is not practiced here to any great extent. The introduction of tents or the sound is the practice which has done much service in this city. Emmet says the lateral operation is not the operation, and he has abandoned and denounced it. But Dr. Thomas in his recent work has put himself in the front rank of its advocates when he says that you must make the "V" incision to cure laceration and granulation. Now I contend that the healthy granulation when it heals is not more likely to produce reflex irritation than the cicatrix resulting from the operation. Gentlemen, Thomas, Goodell, Emmet and in the list my friend Dr. Barret will find that these dogmatic doctrines will cease as they did 25 years ago, when Dr. Simpson made lateral incisions for mechanical obstruction of the menses of woman which failed to cure and the operation is now abandoned; or Isaac Baker Brown's excision of the clitoris for the cure of hysteria. I now predict that when my friend Dr. Barret gets to be as old a man as I am, he will never make this incision. Now he says you never have dysmenorrhœa without mechanical obstruction. I can call to mind 40 cases of dysmenorrhœa. I put them on iodide of mercury in small doses and they are now relieved without any operation. I would remind Dr. Barret that many of these cases of dysmenorrhœa are dependent upon a neuralgic condition of the nerves running to the womb, and it occurs periodically—and when you cure that neuralgic condition, your patient will be cured of the dysmenorrhœa. When you dilate the womb carefully with a sponge tent, you will cure dysmenorrhœa without the anterior, posterior, or lateral operation and your tent does no injury, while the

incision leaves a cicatrix, contracts the caliber of the os, and results in injury to the woman.

DR. HOLLAND.—I would like to ask Dr. Barret if he has slit up the neck of the womb for dysmenorrhœa and what the permanent result was? In other words, I want to know whether a cicatrix is formed that interferes with subsequent labor, and if there is danger from rupture of the mouth of the womb?

DR. BARRET.—No sir, in my experience, and I have performed the operation a good many times. Those of the women who have borne children since the operation, have borne them without any difficulty. Two of the women who have borne children were invalids, they were confined to their beds most of their time; life was a burden to them, they were as miserable as could be, they were sterile. They were relieved of their disability and made fruitful. The operation has been performed a great many times when it ought not to have been, has been often improperly performed and these things have conspired to condemn an operation that is a good one, one of the most satisfactory operations in surgery. The fact that it appeals so strongly to common sense, is why it has been so much abused. It is not a simple operation. It is difficult and requires a great deal of dexterity and familiarity of gynecological manipulation to do it properly, it requires a large experience in uterine diseases to tell when your patient is in a proper condition. Cellulitis—acute or sub-acute, and peritonitis may follow the operation and do follow in many cases, and many lives have thus been lost. Men have undertaken it who should not have assumed the responsibility. If death or failure has come because the case was an improper one, or because the operator was inefficient, that is no fault of the operation. There is not an authority of any repute with which I am acquainted who does not resort to incisions to cure dysmenorrhœa. Some more, some less, some in one way, some in another. Sims is the strongest advocate, because he is the best operator. He has practiced for more than twenty years and operated in over a thousand cases, and is a stronger advocate than ever. No one doubts his good sense, no one questions his honesty, no one can match his experience. If others do not achieve his results, why do they not? The answer is simple, they don't know how. My friend Dr. Johnston says it is all a mistake. I think he mistook his theory when he

resorted to dilation to cure neuralgic dysmenorrhœa and succeeded, he should have given some useless anti-neuralgia remedy. Sims advocates the division of the neck for dysmenorrhœa, and he holds the grounds that I have enunciated; that all dysmenorrhœa is mechanical. The doctor speaks of dogmatical men. He should remember the old adage, those who live in glass houses ought'nt to throw stones. Anybody who has used a sponge tent knows it does not overcome dysmenorrhœa; in two days after removing the tent, the cervical canal will be as small as ever. The tent does no good for three days, much less three weeks. The canal contracts immediately and the indiscriminate use of a sponge tent is as dangerous as this operation, and sometimes even more so. About as many women have been killed by their use as in any other way. No man who has used them much, imagines that the introduction of a sponge tent is a simple operation.

DR. RUMBOLD.—Have you ever examined a patient where the operation had been performed, to see if there was another laceration or not?

DR. BARRET.—Yes sir; there was none. I don't think it impedes labor, or makes abortion more probable.

DR. JOHNSTON.—This operation is one of the most simple. It was not the danger of the operation I objected to, but the cicatrix that results.

DR. BARRET.—There again the doctor is radically wrong as usual. It is not a simple operation nor a safe operation. For-dyce Barker stated sometime since that sixteen deaths from it, had come to his personal knowledge. Several women have died of it in this city, and if the truth were known hundreds have died throughout the country.

DR. JOHNSTON.—There is not a gentleman who has got a pair of scissors but who can do it. But Dr. Emmet has abandoned the operation because it is not successful. There is not much danger about it. It has been performed in New York repeatedly. It is because of the want of success, and because it maims the woman that Emmet abandoned it.

DR. ANDERSON.—The gentlemen will excuse me for making some observations in this connection, in regard to the result of this operation. It is one that ought not to be underrated or

abandoned. Perhaps none of you are aware that about the first case operated on in this city was the case of my wife, who was operated on by Dr. Maughs. It was a case of anteflexion. The operation was a perfect success; the lady was cured of the most distressing condition, and has since gone on successfully to three confinements which had no new character about them whatever. There was no subsequent laceration or anything of the sort. No trouble of any sort. The operation was a perfect success.

DR. POLLAK.—Was it a posterior section?

DR. ANDERSON.—Yes sir.

DR. HURT.—I think that the results of gynecological surgery would justify us in presuming that the "V" shaped operation for the removal of the cicatrix of a laceration might prove beneficial. The healing process of a laceration in a locality like the cervix is perhaps more clumsy, if we may be allowed to use that expression, than the cicatrix of a lesion of the same tissue that is incident to a sharp instrument. The cause of the reflex irritation is the impaction of nervous tissue in the cicatrix, and the removal of this cicatrix, and the replacing of it by another may result in relieving the impaction, and if so the reflex irritation might be abolished.

DR. BARRET.—It is not replaced by any cicatrix if the healing is by first intention.

DR. HURT.—But suppose it not to heal by first intention, is it not possible we might get a better cicatrix, or if no better, we may escape the impaction of the nerve tissue and the irritation? And if so we could relieve the patient of the principal inconvenience of the cicatrix; or if on the restoration of the cicatrix the pain returned again, we might venture to perform the operation a second or a third time in the hope of getting a better cicatrix. The first case of laceration of the cervix in parturition that came under my observation, was a young woman in her first labor, but the fact of the laceration was not observed until she again became pregnant, and had a hemorrhage after the pregnancy had taken place, in which it was supposed there was a miscarriage, and she was so much inconvenienced even after the hemorrhage had been arrested, that she finally subjected herself to an examination, and I found this everted condition of the cervix, and I also discovered that she was still



pregnant. An operation was not ventured upon at that time, but there was some scarification performed with a view of destroying some of the granulations, and it had the effect of relieving the distressing nausea which was complained of. The patient went her full time, but was threatened a month previous to her labor with premature labor. I had occasion to examine the cervix at that time, and found that there was still considerable induration about the cervix, but when she came to her labor it had nearly all disappeared, and I was not surprised when I came to reflect about it, for those evolutions that must take place on the cervix of the pregnant uterus are sufficient to make almost any change within the scope of the imagination. At the time of labor there still appeared to be a sufficient amount of induration to retard the normal progress and cause it to be a tedious labor, but not an unfortunate one. The patient had a normal recovery, and in due time she became pregnant a third time and there seemed to be no inconvenience on this occasion. I attended her in her third labor at term, and I could discover no evidences of cicatrix at all. She has been pregnant and confined a fourth time, and to all appearances, is as healthy as women usually are under the circumstances. I believe in the possibility of a slight laceration healing, and the cicatrix disappearing almost entirely by the normal evolutions of the uterus.

DR. BARRET.—The doctor is entirely correct. I have a case in my mind which I examined a few years ago in which there was scarcely a perceptible laceration. It was evident that there had been one in the neck of the uterus, but it had healed up. There was only a slight indentation that indicated the site of the laceration; it was hardly perceptible.



## ARTICLE VII.

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**THIRTY-FIRST ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY HELD IN METHODIST HALL, CHICAGO, ILL., MAY 17, 18 AND 19, 1881. [Reported for the JOURNAL by A. H. OHMANN-DUMESNIL, M. D., of St. Louis.]**

### FIRST DAY, MAY 17, MORNING SESSION.

**PRESIDENT'S ADDRESS BY DR. GEORGE WHEELER JONES, of Danville.**

Members of the Illinois State Medical Society—Ladies and Gentlemen: In recognition of the high honors conferred upon me and in fulfillment of my duties, I arise to address you on topics that are interesting to all of you. During the past few months I have held an extensive correspondence throughout the Southern part of the State, where there seemed to exist a certain indifference to the State Medical Society. I am glad to see before me, as a result, representatives from all regions of this commonwealth. Complaints have also been made, chiefly about the supineness of the State Board of Health, in carrying out the Medical Practice Act. I am sure that, although there are many instances aggravating to a medical man, the Board is doing all in its power to carry out the law. In this country no law can be made and successfully carried out without the moral support of the people. We have but few great statesmen. Intellectual power is measured by avoirdupois and not by mental acumen. This is essentially an age of "bossism." To you and me belongs the task of developing an impelling power in these localities where we reside, as far as medicine is concerned. The task is for those who will, for the sake of truth and humanity, see their individuality laid in the tomb, in the hope that the true light will rise triumphant.

Many of us feel despondent from the want of progress in medical legislation. The Legislature has greatly ignored its duties as regards medical matters, but despite this tendency to be disheartened remember that as our trials are, so will our strength be. The American Medical Association has seen fit to

deny to its constituents that immunity from charlatanism which they deserved.

"Make haste slowly," is an adage in which is incorporated divine advice. The crude conceptions of early generations, becoming an integral part to the normal heritage of succeeding generations is a blame for the weary halts, the lack of advance in accumulated centuries. The utter failure of the advance of thought as a sequence of normal evolution into a higher form removed from materialism, has led to a form of faith which is the foundation of all the varied forms of false beliefs, from the dogma of "*similia similibus curantur*," enunciated in all confidence by Satan to the first of women, down through the accumulated years, until to-day, when the most debasing materialism crops out in the ingestion of small-pox vesicles for variola, or the juice of the *cimex lenticularis* for the itch. When the "snapping" doctor glories in enormous fees, when the "spiritual séance," the fanatical revels of so-called religious revivals, the Franco-American Communism and a score of other frauds and follies number their devotees by the hundreds and thousands. But these things are captivating to the abnormally developed chiefly. Here and there we find rich growths as in the fabled Isles of the Sea, rich flowers, vital germs developed into life unending, and their sweet influence raising mentality above materialism. In this degenerate age as in no other since the creation of mind and soul does the mind of man yearn for more distinct longings.

Let us apply this line of reasoning, not only to the race at large, but to individuals. The sense of want of medical legislation was so great in our community that they asked for it, needed it, raised their hands in an appeal for it. The "Indian Doctor" and his worthy compeers were declared smooth-tongued humbugs. So well did the true healing art guide the law that the people of neighboring states have cried for, the Utopia.

Looking in the strong earnest faces before me, I need not ask if in our hearts there is the slightest thought of recreancy in our demands. Let the representative medical men of the State at large, represent the highest type of the cultured medical gentleman. How long think you would the people urge the highest attainments of their hopes? If we, as a profession, have a low standard; if we are willing to abide by a low standard;

if we are willing to receive in our offices the most insipid superficiality, can we murmur if the people do not regard us as any better.

No man realizes such truths more clearly than the wise and true minded physician. Nor is there any class of men for whom it is more necessary to use the mentality, than the physician. Man being the most complex and the highest of the animals, being a new creation of an advanced type; being the union of the infinite and the finite; composed of a heterogenous mass, it is so painfully sensitive that everything tires or mars it. From the microscopic germs in the air we breathe, the food we eat and the water we drink; from the glance of the eye, the gesture, the speech, everything everywhere affects our organism for better or worse. For better when in health, for worse when in decay, we fail in the purpose for which we were born, and become a dead weight for our fellow creatures to carry and labor under.

As an illustration of our extreme susceptibility to external influences, take into consideration diseases in the last few years, the changes they have undergone and the changes that have been made in treatment, in consequence.

Why is it to-day, as never before, our profession is lightening the labor of Charon? Because we rely less and less on empiricism and are beginning to arrive at that insight that can only be obtained by persistent training. Every new advance in science is a tribute to the elevation of mind.

While the final object of study, reflection and effort is a clear apprehension of the source of everything—no matter what you may call it—we can only hope to reach it by the perfection we attain in our various environments. You may think that I exalt our profession too much; but we are commanded to do so by the wisest writer. Only through *truth* can we reach knowledge.

As all things influence man mentally and physically, so must we know all things, that we may properly know man in his relations to man. One of the great hindrances to-day is the constant necessity to unlearn, what we at some former time considered to be true or infallible. The learning of a time when a figure of speech was made to signify blood; and that blood-vessels were supposed to convey emotions, was one thousand years or more extant before it was overthrown. As out of chaos the

external mind evolved the world; so in empiricism the entangling alliances of fanaticism, we see the sharp lines of order coming out. Well do I remember my entrance in this society years ago, arm in arm with a pleasant faced stranger, whom I never saw again, we talked of home, law, physics and the latter I heard was based upon principles that could not be relied upon for a very long time.

Rest and peace are alone brought to the finished life, rendered complete by its victory over decay. Now we study to avert disease and when it is upon us we seek the speediest method of controlling and preventing its spread. We must follow the straight track, the narrow way, the course over which we alone can obtain the promise of reward we care to seek.

Badness is a relative condition, being the absence of goodness. The normal condition of man is health, and it is owing to excesses in some direction or other that he deviates from that normal condition. Speaking from a chemical standpoint, he requires the utmost care and the best surroundings to prevent dissolution and a settlement of affairs for good or ill. Antagonizing a disease germ is a more difficult thing than repairing the damage done by that germ. The former requires a destructive action; the latter a reparative one. Thus with a keen sense of the requirements, in each case, we wisely adapt the means to each end, and learn with the force of irresistible conviction, that antagonism is the base-line of our operations.

Living in an age whose simplicity comes from its very knowledge, we abhor all pretense and fraud. Even such great minds as McCauley and Carlyle are taken to task for the haziness of the views they have given to the world. The brain was never so active nor the eye so busy, and we are in danger of falling in failure and not advancing.

The stream cannot rise higher than its source. No organization can rise higher than the average mental and moral height of its members. If their vitality be low and feeble, so will its manifestations in public. On that account is it necessary for us to show devotion to its highest interest; to do alone, if need be, what must be done. Let each county medical society be the nucleus for a school. Let only those study medicine, who are known to have the requisite preliminary education, who are gentlemen by culture and Christians by instinct. Then he could study anatomy with A, physiology with B, etc., and the result

would be that each member, by thus teaching, would acquire a special adaption in some department; and it would be the pride of each teacher to excell in his chair. Abolish the rivalry of colleges. Send to them students almost as good as the professors.

They would constitute a class that we would take pride in, and which it would be a joy to teach. They would constitute a nucleus to form the highest type of the physician. The colleges themselves, would be compelled to revise their curriculum. Short sessions and cheap schools would disappear, and quackery would be no more.

Whether we will see this in our own time is a question of great doubt; but our descendants will. Meddlesome midwifery is bad, is an aphorism, so true that we see this apothegm closely interwoven in every department of the healing art, and it will be found to be true in every respect.

We have an abiding faith in medicine and this trust is growing stronger with the seasons. To-day, with full command of the exhaustive labors of the histologist, physiologist and pathologist, all doubt should be absorbed in confidence. The general direction is right and advance will be unimpeded, if we chose to march and go. Nor can we do our part too well by the devotion we display. Nor, while life endures, should there be a slacking of energy to add to the beauty, usefulness and grandeur of our profession. The more permanent, the higher and more attractive, the mental platform upon which man stands, the fairer will man appear.

We respect money, rank, etc., character alone remains behind. We cheat ourselves with words; but progress alone is knowledge. But the progress we may make in material wealth, it is that, gives us more anxiety than other things. Let us build our houses of gold, and they will hide as many aching hearts as those thatched with straw.

There is no condition or change in the heavens above or the earth below, in which we have not something to do. Things visible or invisible, ponderous and imponderable, we take apart and put together. Electrical phenomena from the message carrying the gentle and mild word to the thunder storm, sweeping houses, trees, transferring a pond to a hill-top, must be taken into consideration when we inquire into the condition of him.

who lords it over all other animals, and who is their inferior when off his guard.

The story of the lost paradise is an effort of thought to account for death. Physical death—suffering sin—how the world has striven to understand it all. Decay is the beginning of death, and things clean are longest exempt from the beginning of decay. Take man's treatment of woman and his abuse of himself, and he shows an abasement which is anomalous. We have been called materialists, agnostics, etc., by those to whom the cautious processes of analytical research are wearisome.

May I hope that many an annual session will find us all in our places in this Society, as true laborers in humanity's cause; in each others behalf; in the unfolding of truth; and that in the long hereafter I shall meet you every one in the realms of unclouded light, of unending life, where, at the last, when the Great Necrologist shall call the roll of earth's departed, one by one our names shall be found transferred to the books of the "Society of the Redeemed," whose watch word is "the law of man," and whose chant of welcome rings for evermore in the antiphone of peace. "Blessed is the man that provided for the needy and sick; in the time of trouble shall the Lord deliver him."

#### AFTERNOON SESSION.

**REPORT OF THE COMMITTEE ON THE PRACTICE OF MEDICINE.** By  
Dr. E. P. Cook of Mendota, Chairman.

The report was prepared in great haste and no time had to look over it. It consists of an introductory paper; matter relating to the epidemics that prevailed in the State during the year and of a paper on "Typho-malarial Fever."

The medical year or term of service of this committee begins in May 1880, and ends at the same time in 1881. A part of the report is confined to these limits. We have considered it our duty to inform ourselves of the progress, character and treatment of epidemics in the State. We appealed to the medical profession through a circular letter, and received generally replies. The correspondence was so great that hardly any widely-spread epidemic has escaped our notice.

There are many difficulties in the way of gathering material for a report. It is impossible even by personal observation,

correspondence, etc., to make anything like a full report in the short space of a year. In our Society there is no provision made to aid the committee in collecting information. With the best current literature at our command we can but imperfectly do our work.

The tract of land included in our report is 117 miles wide and 220 long, and in the southern extremity there is almost a tropical climate, whilst the northern is wrapped in cold for one-half the year. Take with this a populations of four millions, the great industries, the many large cities, all increasing in population, and it will be seen that the means by which material is collected are not very good. We hope that this committee will, at some future time, be put in communication with local societies and thus acquire greater facilities to learn the etiology, form, treatment, etc., of disease. We do not wish to trespass upon the province of the State Board of Health, but wish to inform ourselves upon these matters as a scientific body. But it would be out of place to discuss the subject any further.

We addressed 130 physicians who were representative men and engaged in extensive practice. Their replies fairly represent the status of the better class of workers in the profession. The replies were prepared on short notice and hastily written, but show careful observation. Some thirty-four counties were thus heard from.

The year and particularly the last six months were peculiar. In some instances there occurred diseases rarely seen, and in others the type and treatment were changed. From May to October, 1880, there was no change. A mild winter conducive to health, and the absence of extensive epidemics with malarial diseases prevailing. Last winter was early with a low range of temperature, great snow-fall and prolonged, and the most common affections were of the zymotic and miasmatic order of diseases.

The details from the southern portion of the State are meagre, but that portion was more favored being apparently exempt from epidemics. The middle and northern parts were not. In the north and west a rigorous winter occurred.

Rubeola has prevailed in every district; in many of a mild form and in a few malignant. Scarlatina in the middle and northern parts and diphtheria in the same districts. They were more severe in the northern part in the autumn and winter.



Since January cerebro-spinal meningitis has prevailed and the mortality was high. Variola also prevailed to a great extent in the central part. It was relatively greater in Chicago; and the susceptibility to revaccination was greater than usual. Chicago was the center from which it was distributed to the smaller towns. It was not serious until December, when the death rate ran high until May. In some counties pneumonia was very prevalent and the mortality great. Dysentery was severe and the mortality high in one county. A large number of cases of phlegmonous erysipelas occurred in one or two counties. Deaths from pertussis and parotitis occurred and it was observed that vaccinia had a marked influence upon pertussis.

Winter cholera, a new disease, prevailed in an epidemic form in Chicago since the first of January. It seems to be like cholera morbus minus the irritability of the stomach. There is no fever, but profuse serous discharges, and lasting from one to two weeks, imprudence in diet causing a relapse. The etiology is not known, cold having been ascribed as such. It is reasonable to suppose that there is a specific cause. As far as known, it has only been met with in thickly populated cities.

Trichinosis has been referred to by some. There is no doubt that many such cases have been overlooked and diagnosed as typhoid fever. Chicago sewage is attracting a great deal of attention. Not that Chicago sewage differs materially from that of other cities; but the question is how to dispose of it, and Chicago has settled the question. But whatever the interests and necessities of Chicago, the sanitary needs of nearly half a million of people are at stake, and at no distant day, the present method of disposing of the matter must be abandoned. I have here a paper of nine pages on measles, but containing nothing of particular interest.

Diphtheria.—Dr. J. S. Whitmire of Metamora, says that he has seen the most malignant cases ever observed before. It was prevalent to some extent over all the county (Woodford); but mostly in the western part. The disease made its first appearance in a German family in the barrens three miles northwest of town. The case, of a malignant type, died on the morning of July, 15th, 1880. The house was fumigated immediately, and the corpse ordered buried as soon as possible. It was taken to a church, however, and a great many took a look at the deceased. In a few days, children present at the funeral, had diphtheria,



and many were malignant cases. In my own practice I had about fifty malignant cases in about six months, of these I lost nine or eighteen per cent. The spring of 1880 was wet, there being eighteen inches of rainfall between March 1 and July 1. Then it became very dry. The diphtheria was endemic, but whether from putrefactive decomposition, infusoria etc., is not known.

The section where it originated, is a clay soil retaining moisture. The country is nearly all undulating barrens. The people have holes in the ground called "cellars," undrained, often not walled, never ventilated and not cleaned until long after the hot season sets in. This makes a condition most favorable for decomposition and decay; and they were always present.

The treatment pursued was to first give castor oil. The steam atomizer or inhaling apparatus was used in every case with a 5 per cent. solution of lime-water. The body sponged with an alkaline wash; if the patient was feeble whisky or tincture of digitalis was given. For internal use, chlorate of potash, sulphate of quinia, chloride of iron and fluid extract of liquorice. If the heart needed force, digitalis; buttermilk or clabber was given for food, and it was urged on them until convalescence was established. Alcohol was freely used with apparent benefit. At least one hundred died in the western part of the county.

Drs. Zeller and Son had one hundred and sixty cases exclusive of cases of pharyngitis, laryngitis and tonsillitis. The cases varied greatly in age, but none ended fatally in those over 17 years. The most fatal were those in which severe epistaxis or involvement of the schneiderian membrane existed. The percentage of deaths was 15. The local applications employed were chloral hydrate and perchloride of iron, separately; also chlorate of potash and carbolic acid applied with a sponge. The best, however, was sulphate of quinia with carbolic acid. Alcohol was freely used to sustain the patient, and do not think any case ought to be treated without it.

Dr. Romaine J. Curtiss of Joliet, says that for the last three years an epidemic of scarlatina and diphtheria has prevailed. There have not been less than ten nor more than forty cases at one time. The cause is from the sewage of Chicago. No cases of such infectious poison were known before the sewage was thus disposed of. The odor of the canal is overpowering from

the zymotic organic matter in it. The *a priori* proofs are those amenable to the laws governing the propagation of zymotic matter. The treatment employed is the usual one, benzoate of soda has been tried and thought to be good. Most of the cases of diphtheria recovered. The pilocarpine treatment was tried. The tracheal form of the disease was always fatal.

Dr. M. A. McClellan of Knoxville, Knox Co., says that 20 per cent of the throat affections were diphtheria, and of those 25 per cent. died. There were some cases of diphtheritic croup and albuminuria. Iron quinia and alcohol were given and locally, iron, etc. The cases occurred in over crowded houses, with damp rooms filth, etc., well water low and containing organic matter. Reports from other counties are substantially the same.

Dr. Wright of Clinton, Dewitt Co., observed an epidemic of dysentery. It occurred during the last week of June, 1880. It affected at first children and then adults, and was confined to a strip of territory four miles long and one wide. In this locality where it was most fatal the country is level, but the surrounding country is the same. The treatment was epsom salts, rochelle salts and castor oil together with opium, quinine and alcohol. Quinine was not well borne. There was almost a constant evacuation of the bowels which rapidly weakened the patients. It does not depend upon malaria as a cause, as quinine failed to do good; besides there were very few cases of malarial fever in the neighborhood.

Cerebro-spinal fever was observed in several counties. With the breaking up of the ice, cases of measles became complicated with it and when the rash did not appear. The ice had been of unusual thickness, two to three feet. Large numbers of dead fish lined the shores of the Illinois River as the water receded. The reporter did not believe that sewage alone is the exciting cause, but may it not be a factor increasing the mortality which was not less than sixty or seventy per cent.

There has been no abatement of the disease. The treatment consisted in applying means to contract the vessels of the brain.

Dr. Lyburn sent a description of a post-mortem of the disease. The large sinuses were gorged with venous blood. The meninges were bright red and bathed in a fluid and appeared rather congested than inflamed. Several small patches of lymph were found on the superior and posterior part of the brain. The ventricles were filled with a fluid containing pus like matter and

were coated with lymph. The base of the brain was also covered with lymph as also the upper third of the dorsum of the spinal cord.

The case was that of a patient aged 21, confined in a damp cellar in the jail. The temperature was  $104\frac{1}{2}^{\circ}$  and he had intermittent fever, the symptoms of cerebro-spinal meningitis came on and, in a few hours, the muscles of the back were rigid and he was delirious. There was drooping of the upper eyelid, and a partial paralysis of the tongue which protruded on the right side. In nineteen days he died. During his illness the pulse was full, strong and regular, but slower than normal and smaller. It became rapid and irregular four hours before death. There was photophobia, the tongue was coated and constipation existed.

Replies were received from thirty physicians on the "Uses and Abuses of Alcohol," but none were of scientific interest. There was a short paper on "Vanesection" and one on "Typhomalarial Fever," by Dr. West of Belleville which were not read.

[ To be continued.]

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#### ARTICLE VIII.

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#### Periscope.

**THE DECLINE OF THE BIRTH-RATE.**—Among many other matters brought forward on the occasion of the recent annual meeting of the Medico-chirurgical Faculty of Maryland, was that treated in an address of Professor Goodell. Although the subject is by no means a new one, it will bear more discussion than it usually receives. It is one of the problems of advancing civilization, and its physical as well as its moral aspect constantly claims the attention of the physician. No attempt need be made to prove that our young ladies are being educated in a manner that is ruinous to their health; that, having been fitted to enter society, they are, as a rule, unable to perform the functions of maternity. The menstrual derangements of boarding-

school life are the inevitable results of the forcing process of brain-culture which is carried on at the expense of physical well-being. It is not difficult to understand, in view of these facts, why so many females who graduate with honors are confirmed invalids at the time when they need the full measure of health and vigor for the discharge of their marital obligations. Neither is it necessary to state that such females are never mothers of large and healthy families. These influences upon the present decline of birth-rates are obvious enough; but, as Dr. Goodell very forcibly asserts, they are not the only ones to be considered in attempting to explain the prevalence of small families among what are considered the higher classes of society.—[*Med. Record*.

ON THE TREATMENT OF TRICHINOSIS.—Dr. B. Howard Rand gives the following as a method of treatment to the *College and Clinical Record*:

As far as the nature, causes, diagnosis, prognosis and pathology of this affection are concerned, our knowledge is complete, or nearly so. The treatment in the reported cases seems to have been expectant and empirical. The following suggestions as to the rational treatment of the disease are given *a priori*; I have never had a case under treatment.

I propose mercurial salivation. Mercury is well known as one of the most rapid and certain destroyers of the different forms of parasitic life. It is rapidly absorbed into the system, whether given by the mouth or introduced by inunction or fumigation. When its tendency to purge is restrained by the use of small doses of opium, the symptoms of incipient salivation are often noticed in a few hours. After this a continuance of the treatment must be carefully watched.

The mercury having been given long enough, in the judgment of the medical attendant, any unpleasant after effects may be combated by the use of iodide of potassium, alone or combined with chlorate of potassa, the latter being used as a mouth wash. The two drugs named have been said to be incompatible; they are not so chemically. I have often used the combination with good result; there is no apparent change in the mixture, to the eye, or to the taste, nor, as far as I could observe, in therapeutical action.

Where mercury is forbidden by the diathesis of the patient,

or when for other reasons, it cannot be employed, sulphur may be tried; like mercury it is rapidly absorbed, and like it has a known value as a destroyer of parasites.

Perhaps some of your many readers may put these suggestions to the test of clinical proof and report the result.

[The above suggestion from Prof. Rand seems to be feasible and possibly efficient; at all events it is worth a trial. We would consider the preferable method of applying these remedies to be by fumigation or baths. As with any other form of treatment, it would be necessary to administer oil or glycerine from time to time, in order to clear out the bowels, and remove any infection from the contents of the intestinal canal.—Eds *Record*.]

**BELLADONA LINIMENT POISONING.**—Several cases of poisoning by belladonna liniment have recently occurred. In one of these, in which a wine glassful (ʒij. ʒij.) had been swallowed, recovery took place on the administration of the physiological antidotes, pilocarpine and tincture of opium. Of the former 1-5th of a grain was subcutaneously injected every fifteen minutes, until 4-5ths of a grain had been used. It did not cause the least perspiration. These accidents seem to point to the necessity of adding, in a future edition of the Pharmacopœia, some well-known, powerfully odorous substance to the liniment or of adopting some other means of readily distinguishing it from other medicines.—[*Med. Press and Circular*.

**CHARBON AND THE GERM THEORY.**—Dr. D. S. Salmon in a continuation of his article on the above subject, in the May issue of the *American Monthly Microscopical Journal*, summarizes the experiments of Bert, Greenfield, Toussaint and Pasteur, in an impartial and interesting manner. He offers, in conclusion, the following facts, as proving the pathogenic action of *Bacillus anthracis*.

1. The one-hundreth cultivation of the *B. anthracis*, in a harmless liquid, if made under favorable conditions, is as virulent as the fresh charbon-blood.

2. When the *B. anthracis* is removed, by passing virulent liquids through a plaster filter, these lose their activity.

3. Virulent matters containing rods only, lose their activity in a few days, if dried.

4. Such matters containing spores retain their activity an indefinite time, when dried.

5. Virus containing rods only, loses its activity, if deprived of oxygen.

6. If these rods have formed spores, the activity is retained indefinitely, though deprived of oxygen.

7. Putrefaction destroys virus which does not contain spores, if the access of oxygen is restricted.

8. When there is sufficient access of air to allow formation of spores, putrefaction has no effect on the virus.

9. Virulent liquids containing rods alone, lose their activity by being largely diluted with distilled water.

10. The addition of water has no effect on the virulence of liquids containing spores.

11. Virulent liquids, in which the *Bacillus* has not formed spores, lose their activity in a few days, if kept at 8° C.

12. If spores have formed, such liquids may be kept at this temperature indefinitely, and retain their activity.

13. Virulent liquids containing rods alone, lose their activity, when treated with compressed oxygen.

14. Such liquids in which spores have formed, are not affected by this agent.

15. The virulence is also destroyed by concentrated alcohol before spores have been formed.

16. After spore-formation, this agent has no effect on the virulence.—[*Medical Herald*.

**MISSED LABOR**—At the March meeting of the Obstetrical Society a paper was read by Dr. Barnes on Missed Labor, in which the author entered exhaustively into the subject. Full details of a case which had occurred under the observation of Dr. Barnes himself were given, and in which gestation had been greatly prolonged. The discussion on it was adjourned till a later day. Such cases have a pathological as well as medico-legal interest, for the possibility of the retention of the foetus within the body of the mother for months or years after the full period of gestation has elapsed has bearings of the greatest importance

from a social point of view. Though such occurrences are rare, yet there are several such cases on record, the genuineness of which cannot be doubted; and the possibility of the accident—for such it must be regarded—is beyond dispute. It happens, however, it appears, only when the foetus is dead. In the recorded cases there appears to be usually a history of some accident or injury, and upon this fact, together with the observations made post-mortem, Dr. Roper based an ingenious theory—namely, that cases of missed labor are cases in which rupture of the uterus had taken place and the child had escaped through the rent into the surrounding tissues or abdominal cavity. In the case observed by Dr. Barnes, he seems to have convinced himself that the foetus was in the cavity of the uterus by the introduction of the hand into that cavity; but though such an observation made by such an observer is of the greatest value, it cannot take the place of examination after death. The theory of Dr. Roper is not incompatible with Dr. Barnes's observation, and the question cannot be settled but by careful post-mortem investigation.—[*Lancet*.

**MANAGEMENT OF PERINEUM DURING LABOR.**—Dr. Thomas A. Ashby in a paper on the “Management of the Perineum during Labor,” published in the *Maryland Medical Journal*, comes to the following conclusions:

1. The question of “support and non-support” must be determined by the condition of the perineum.

2. An attempt to preserve the integrity of the perineum may, under some circumstances, be attended with greater injury to both mother and child than a rupture. The lesion of greatest consequence to both mother and child must be considered.

3. The forceps, if carefully used, are of great aid in preventing lacerations, and should be employed to assist in extending and delivering the head when the condition of the perineum strongly opposes or arrests its passage.

4. The administration of ergot before the head has been brought to bear upon the perineum may give rise to violent expulsive effort and force a rupture of this body.

5. Lacerations play an important part in the induction of bodily and mental disease, and should be recognized at the time

of their occurrence with a view of determining the necessity for surgical closure.

6. The perineal lacerations, even when simple in character, ought, as a rule, to be closed by primary union.

COMPLETE INVERSION OF UTERUS DURING LABOR.—At a meeting of the Baltimore Academy of Medicine Dr. Reiche reported a case which occurred in a patient *æt.* 28, married in 1875, and who had had three consecutive breech presentations and one miscarriage at two months, there being retention of the placenta of three of these. The fifth pregnancy had advanced to about eight and half months, when, on August 13, 1880, labor took place—the breech presenting. After some delay, owing to the want of pains, the child was expelled, apparently dead, but was resuscitated. A tumor was found projecting through the os uteri, supposed to be the placenta. The pains had been entirely arrested since the beginning of the expulsive period, which had been completed by the voluntary efforts of the woman alone. Suddenly a sharp pain appeared, the patient placed her hands on her loins, and with a violent effort, the uterus was forced out between her thighs. The placenta was adherent and so firmly that it was with difficulty detached, and then only in small masses at a time. The uterus was changed in shape—that part occupied by the placenta being soft, projecting and *completely flaccid*. The patient complained of excruciating pain in the left leg. An effort was made to restore the organ to its place, which was arrested by the collapse and cessation of breathing of the patient. Hemorrhage, which was profuse, was relieved only by sponging the placental site with Monsel's solution and glycerine. Dr. Erich was called in consultation, with whose assistance, under chloroform, restoration was effected—that part of the organ inverted last, being first returned. Fluid extract of ergot (3ij) was then injected deep into the abdominal muscles. Fever ensued with tympanites and nausea. There was a foetid lochial discharge, the offensive odor of which was relieved by boracic acid suppositories. The paralysis of the uterus continued until August 27th, when the whole organ was found to be well contracted. There was no negligence in this case, no mechanical or exciting cause to which it could be referred. It was the result of paralysis of the placental site, clearly made



out, and lasting for some time after reposition.—[*Atlanta Med. and Surg. Journal*.

GASTROSTOMY, WITH TWO SUCCESSFUL CASES.—Mr. Thomas Bryant, in referring to this subject before the Harveian Society (*Lancet* April 9, 1881), suggested that a resort to gastrostomy in cancerous obstruction of the œsophagus should be attempted so soon as the diagnosis is made, and there is practical difficulty in the deglutition of solid food, for by an early operation many more lives would be prolonged, and much misery saved. The progress of the disease, moreover, would be greatly retarded, whilst in cicatricial stricture the operation should so be resorted to when all hope of the passage being dilated has vanished and there is no other alternative. Two successful cases were reported: one for cicatricial stricture in which the obstruction was caused by the patient's taking, with suicidal intentions, half a wineglassful of sulphuric acid. Difficulty of deglutition was soon experienced and steadily became worse, so that for some weeks before admission into the hospital she had lived entirely on liquids, and these were swallowed with great difficulty. The operation was performed while the patient was under the influence of anæsthetic mixture, and carbolic spray. It was commenced by an incision, three inches long, running obliquely below the margins of the left ribs, and the skin and muscles were consecutively divided down to the peritoneum; all bleeding vessels were twisted, and capillary oozing arrested by a hot sponge. The peritoneum was then divided, and the left lobe of the liver, which became visible, was pressed upward. Next the stomach was found and brought well forward to the surface of the wound. Great care was observed to keep the well sponged, to guard against anything passing into the peritoneal cavity. Two loops of fine carbolized silk were then introduced through the peritoneal covering of the stomach about a third of an inch apart, and with these and a pair of tenaculum forceps the stomach was kept *in situ*. The ends of the loops were left long. The stomach was next carefully fastened by a series of interrupted sutures to the margins of the skin around. The sutures merely included, on the one hand, the peritoneal covering of the stomach, and on the other, neither included the parietal peritoneum, nor the divided muscles, but the skin alone. The stomach at this stage of the operation was

not opened. During the next five days the patient was fed by nutrient enemata every three or four hours, and enough morphia was administered subcutaneously to give rest. The wound was covered with lint saturated with terebenth and oil. No sickness, elevation of temperature, pain, or other trouble, followed the operation, and on the sixth day the stomach was opened. The wound thus made was very small, not more than the eighth of an inch long. It was made by elevating the stomach by means of two loops which had been introduced through the peritoneal covering of the stomach at the first stage of the operation, where the ends had been left long, and cutting with a narrow tenotomy-knife from loop to loop. The loops were then removed. The patient did not feel this part of the operation. An India-rubber tube, with its end cut obliquely, was then introduced into the stomach through the small orifice, which it dilated, and some milk was poured into the stomach through a funnel. After this, the patient was fed regularly through the artificial gastric orifice, and the case went on well in all respects. The girl, in three months, had gained nineteen pounds, or about a pound and a half a week. For some weeks after the operation she was fed on minced meat and pancreas made into a pulp, and this thick food was readily passed into the stomach by means of a simple apparatus described as a small valveless, Higginson's syringe, having one tube fitted with a funnel for the introduction of the food, and the other end cut obliquely to facilitate its introduction into the stomach through the artificial orifice. the patient, with her finger and thumb, nipping the end of the tube after the syringe was compressed so as to prevent regurgitation. The patient is now, eight months after the operation, in the enjoyment of excellent health, and with the exception of the loss of some, though not all, of the pleasures of the table, there is nothing either to shorten life or make it less valuable. The second case reported was an operation for cancer of the œsopagus, death occurring two months afterward from extension of the disease to the trachea, lungs, liver and mediastinal glands.—[*N. Y. Med. Record.*

**THEORIES OF THE PRODUCTION OF THE SEXES.**—Dr. Silas Hubbard of Hudson, McLean County, Illinois, writes to the *Peoria Medical Monthly*:

In the April number of the year 1855, of the *Buffalo Medi-*

*cal Journal*, I published an article on the above subject. Since that time little new has appeared on this subject, unless it has been immediately refuted by others, while a few old theories, which were never substantiated, have again been advanced, and now I thought I would write a few lines of additional facts still further in favor of the theories I then advanced. One theory on page 648 I will now quote: "The ovum which grows to be a male is fecundated as soon as it is sufficiently mature to be impregnated, or while it is quite recent; but if its fecundation is postponed to a particular period later, it grows to be a female." Tending to favor this theory, I will mention the female insect called the vinefretter, which after one copulation, has nine broods at stated periods. The first eight broods are all females, while the ninth are males and females, which shows that in the case of the vinefretter the least developed and least mature ova at the time of impregnation became males, while the older and more advanced ova became females; and why would not the same law apply to other animals?

In the case of the female turkey, one copulation impregnates the ova for the season, or for two broods, and farmers inform me that the first brood are principally females and the last brood are principally males, while the older and more mature ova become females. May not the same law apply to man?

A queen bee which has never had connection with a drone lays nothing but drone eggs. They all hatch out drones because the ova did not come under the influence of the sperm, which is partly in accordance with my theory in regard to the human ova—that those which became males were generally impregnated while in the ovary, or fallopian tubes, and consequently would not come under the influence of the semen so extensively as those which were impregnated while in the uterus, which I supposed would generally become females. In accordance with the above theories I stated that extra-uterine foetations were more likely to be males; and from what statistics I can gather a larger number are males, while in placenta prævia cases a larger number are females.

Illustrating how extra-uterine cases are more likely to be males, the last case I have read is by Dr. Wilson, in the *London Medical Record*, on a case of combined intra-uterine and abdominal twin pregnancy, in which the extra-uterine one was a male, and the intra-uterine one was a female.

**ELECTRICITY IN THE TREATMENT OF EXOPHTHALMIC GOITRE.**—In the *New York Medical Journal* for June, 1881, Dr. A. D. Rockwell, electro-therapeutist to the New York State Woman's Hospital, alludes to eight case of exophthalmic goitre previously recorded by him as having been treated with electricity—three ending in recovery, and one in approximate recovery, and gives the history of an additional case in which the result was favorable. It would be impossible, he thinks, to obtain similar results in a number of cases by any one method of electrical treatment. In some cases localized galvanization by the ordinary method may prove efficacious. This method may be thus described: Place the cathode over the cilio-spinal center, above the seventh cervical vertebra, and the anode in the auriculo-maxillary fossa, gradually drawing the latter (after a few moments of stable treatment) along the inner border of the sterno-cleido-mastoid muscle, to its lower extremity. The second step in this process consists in removing the anode to the position occupied by the cathode, and placing the latter over the solar plexus using for a few moments longer a greatly increased strength of current. In other cases currents alternately increased and diminished may prove most effective. The general application of the faradaic current sometimes proves an important factor in the method of treatment. It is not very difficult to believe, he remarks, nor to understand why, general faradization is so effective in lowering a pulse that is rapid as a result of nervous excitement, and in increasing its strength when it is both rapid and weak through nervous exhaustion. It is more difficult to explain why this result is so pleasantly obtainable in cases of exophthalmic goitre in which the galvanic current, after benefiting up to a certain point, fails to do more. The faradaic certainly does not affect the sympathetic so directly and powerfully as the galvanic current does, and we are obliged, for an explanation, to refer to its well-known superior tonic properties, and to the fact that the complete and thorough excitation of the cutaneous nerves by general faradization is followed by a greater and more desirable reflex influence. In a case of over thirty years' standing, which the author recently treated, but in which he failed to cause any appreciable reduction in size, this power of one current to supplement the action of the other was well illustrated. The pulse of the patient was constantly at or above 115. The action of the galvanic current reduced it to 105, but

failed to do more than this after considerable effort. General faradization was then attempted, with the result of effecting within a week a further and seemingly permanent reduction of twelve beats. At the same time the patient's general condition was much improved.

**UTERINE HYDATIDS IN VIRGINS.**—A question of considerable interest was lately discussed before the Dublin Obstetrical Society to wit, whether a woman could expel uterine hydatids—in other words, be liable to “molar pregnancy”—without sexual connection. Dr. More Madden maintained this to be possible. He thinks the unimpregnated ovule may be arrested in its passage through the uterus, and there undergo a vesicular degeneration or other form of abnormal development. The President, Dr. John A. Byrne, dissented, believing that vesicular moles had not been observed in virgins. He granted, however, that substances not unlike these are occasionally expelled from the virgin uterus. These are not true vesicular chorionic degenerations, as this is always a product of conception.—[*Med. and Surg. Reporter*.

**A FOWL DEED.**—D. F. A. Seymour of Oakland, Cal., contributes the following which we find in the *Louisville Med. News*:

Among the most beautiful and attractive of the wild mountain-flowers of California, the nightshade, whether in bloom or berry, stands prominent. Unfortunately for ranchmen, the chickens are passionately fond of the ripe berries, whose effects are uniformly fatal. Whether this indulgence is a violation of instinct, or a perversion of appetite, chickens have never revealed. The fruit is evidently eaten for the sake of the consequent exhilaration and intoxication; and like certain other bipeds, without feathers, not appreciating the fact that the safest moderation is total abstinence, the fowls fling themselves headlong into chicken hades for the sake of a few moments illusory delight. On getting a taste of the berry, or rather of its effects, the chicken begins to eat ravenously as if starved. It does not stop until the crop is stuffed to repletion. Soon the restless activity peculiar to the first stages of poisoning by the solanaceæ is manifest, the victim running hither and yon apparently without purpose. After a time its motions become tremulous and its gait unsteady. It squats on the ground and shortly falls

forward on its breast—or rather on its distended crop—and in that attitude, after a profound stupor more or less prolonged, it dies.

While down the coast last July, the guest of an intelligent Pennsylvania gentleman, the owner of a mountain-ranch, my attention was directed to these facts; and the following interesting case, corroborated by his wife, was related:

A valuable hen of fine stock had, on the sly, gone off on a belladonna spree. When discovered she was apparently in *articulo mortis*. The owner had sustained frequent losses from this fowl folly, and had used numerous antidotes in vain. In this instance he decided upon an untried experiment. With the sharp blade of his pocket knife he laid open the crop in the mesial line, and removed the entire contents. The existing stupor was so profound that no resistance was offered. With sewing-needle and thread he inserted five or six interrupted sutures neatly closing the wound. Hemorrhage was barely noticeable. The bird was placed in a quiet corner convenient for observation. This was about noon. After an hour or two consciousness returned, soon followed by power of locomotion; and at the approach of night, unaided, she assumed her accustomed place on the perch. For a few days she was kept up and restricted to fluid food. A week subsequent to the operation it was discovered that the pouch *leaked*. On examination, the wound had healed by first intention, with the exception of a small space at the lower end, where the last stitch had pulled out. Another stitch was immediately inserted, the leak stopped, and the case went on to a rapid recovery, without suppuration and without Listerism. At the time of my visit the fowl was thriving, having brought off two broods since her double escape from the jaws of death.

I have made a memorandum of the above as an interesting case of restoration from belladonna-poisoning, and more especially as a remarkable piece of *lay* surgery performed upon a *hen*.

ALARMING NARCOSIS FROM A SMALL DOSE OF MORPHIA.—Dr. C. M. Nutt: I submit for your consideration the history of a patient whose symptoms, under the circumstances, were to me novel in the extreme and painfully interesting. It is the case of a female patient in whom alarming symptoms of narcosis superven-

ed upon the hypodermic injection of morphia sulphate not exceeding one third of a grain.

Mrs. O. H., white, native American, aged forty-nine years, a widow, the mother of several children. Her general health has always been good with the exception of dyspepsia. After an exposure to cold and wet weather she was taken with excruciating pains in the lower lumbar and dorsal vertebræ, radiating forward to the inguinal and supra-pubic regions, and down the thighs posteriorly to the popliteal spaces. Occasionally she felt chilly, but never had any febrile disturbance. There was tenderness over the lower dorsal and lumbar vertebræ, the courses of the sciatic and popliteal nerves on both sides.

A capsule of iron, quinine, and nux vomica was ordered every four hours, and the hypodermic injection of one third grain of morphia as a temporary relief.

In less than one minute after the withdrawal of the needle the patient, who was sitting up in bed, became unconscious the head fell over on the shoulder, the inferior maxilla dropped on the sternum, the pupils became contracted to a pin-point, the face expressionless, countenance pale; the respirations fell from 20 to 14, and stertorous; the pulse from 75 to 58, and full; the skin cool, temperature not taken. Restoratives and stimulants were resorted to with comforting success.

Four hours after the injection color had returned to the face of the patient, who was sleeping quietly, with respiration 18 and the pulse at 65; could be raised up, and when asked to how she felt, replied, "First rate." Six hours later more color and expression to the face, sweating some, pulse 70 and regular respiration 20 and natural, temperature 98.5°. Upon being aroused complained of nausea and tenderness and oppression over the stomach. The mind is confused and wandering. Ten hours later, retching and vomiting severe and persistent, unallayed by any remedy which could be tried. For four days these severe symptoms lasted, and for a time it seemed as though the patient would die from sheer exhaustion. Then the pupils began slowly to dilate and the gastric disturbance to abate, so that on the fifth day the patient was considered convalescent, and so continued to recovery.

Were the dangerous and distressing symptoms which I have just recounted due to the *quantity* of the morphia sulphate injected? I can hardly think so, for by careful weight of the drug



before and the quantity remaining after the injection was given, due allowance made for that which was lost during manipulation, the maximum quantity in the syringe could not have been more than one third of a grain.

Was there an idiosyncrasy in her for this drug or preparation? The patient stated distinctly that she had been relieved before of severe pain, speedily and kindly, by the hypodermic method, and requested that it be again given to her in that manner.

Were these manifestations the result of the needle entering a vein, and the forcing of the injection directly into the circulation? Hardly; for the needle was inserted under a fold of the integument on the outer surface of the arm, near the deltoid muscle's insertion into the humerus, a point at which it is generally understood there is the least likelihood of coming in contact with a superficial vein.

Without further comment or speculation I leave with you this epitomized history, hoping that it may accomplish, something in the way of deterring others from the reckless and indiscriminate resort of the hypodermic syringe.—[*Louisville Medical News*.

**USE OF THE LOADSTONE.**—In the course of his experiences as a medical missionary among the Mongols, the Rev. James Gilmour has gathered some interesting information regarding their inner life, but perhaps the most curious item is that Mongol doctors are not entirely unacquainted with the properties of galvanism. It is said that they are in the habit of prescribing the loadstone ore, reduced to power, as efficacious when applied to sores, and Mr. Gilmour states that one man hard of hearing had been recommended by a lama to put a piece of loadstone into each ear and chew a piece of iron in his mouth! —*Nature*.

**MYOPIA IN SCHOOLS.**—Though it is desirable that public attention should now and then be directed to questions of the hygiene of vision, it is hard to believe that the risks and dangers, as well as the alleged frequency of grave ocular defects, have not been somewhat exaggerated. A while ago the schoolmaster was sent abroad, rod in hand; now it is the oculist that is playing the part of "bogey." The public have barely recovered from the scare of the perils to which they are alleged to be exposed in consequence of the prevalence of color-blindness



among engine drivers, signalmen, pilots, and others, before they are startled by the information that our public schools "are manufacturing a race of shortsighted people." There may be, and doubtless is, some modicum of truth in this opinion recently given by an ophthalmic surgeon respecting the boys at Wellington College ; but the statement that the public schools are manufacturing a race of myopes is not true to anything like the same extent as that matrimony is doing so. Myopia, and the tendency to myopia, are usually inherited, and it is not an uncommon thing to find a large family of children all inheriting myopia from one parent ; but few persons would on this account alone recommend universal and perpetual celibacy. Myopia may, no doubt, be developed, and the tendency to myopia may be aggravated by neglect of the known physiological conditions of healthy vision, and it is therefore incumbent upon all persons concerned in the construction of school buildings, and upon those who have charge of the education of children and youths, to take care that these conditions are strictly observed. As regards our public schools and universities, however, it should not be forgotten that shortsightedness is a fashionable complaint. Myopia has been said to be an affection of those who read much and think little ; it fairly belongs, therefore, to the present age.—*[Lancet.*

EXAMINATION OF A CASE OF "METALIC TINKLING."—We have heard unmistakable metallic tinkling in but three cases in seventeen years' hospital experience with the constant practice and teaching of auscultation and percussion. Being greatly desirous of investigating the causes, we hastened to make an autopsy of the last example.

It occurred in a male, æt. 25, in the City Hospital. He had pleurisy, or pleuro-pneumonia four years previously, and he entered August 28th with cough and with gurgling, crackling and other signs of a cavity in the apex of the left lung. But it was the right lung which engaged our attention, and that of the friends to whom the case was exhibited. Throughout its upper lobe there was an extremely well-marked metallic tinkle—a decided "clink" upon inspiration ; and upon both this and expiration, a sound as if the breathing occurred in a cavity lined with a delicate film of copper or other metal. This was

obvious to the house physician, Dr. Burgess, and to all who listened to it during seven or eight days.

Death, which occurred September 12th, enabled us to gratify our desire to ascertain the peculiar condition which gave rise to these unusual phenomena—and we think that it will be admitted that the autopsy revealed and well explains the causes.

The lung was enveloped in a stratum of air, pneumo-thorax existing from the old pleuritic effusion which had been absorbed. One border of the upper lobe, to the extent of an inch in length, was fastened securely—was hung up, we may say—to the internal wall of the chest, at a point within, corresponding to the position of the right nipple. So that, to get the lung out, this had to be divided with a knife. The lung was consequently suspended in air and in a state of tension, and the chest wall acted as a sounding board. Within the lung, extending from the apex some four or five inches downwards, was a large cavity with several strings or bridles stretching across it at different intervals, with a considerable collection of mucus. So the inspired air resounding against the tense walls of the cavity—the connecting bridles and the fluid serving also as elements in the production of the sounds heard in auscultation. There was no metallic ring upon percussion. At the apex of the left lung, as we anticipated, was a cavity of much smaller dimensions. There were no adhesions in this lung.—[F. P. Porcher, in *Va. Medical Monthly*.

**ASPIDOSPERMIN.—THE ACTIVE PRINCIPLE OF QUEBRACHO.**—At a recent meeting of the Greifswald Medical Society (*Deutsche Med. Wochens.*, 1881, p. 208) Dr. Eulenburg read a paper on the active principles of a number of drugs which have recently come into vogue, and among them of the alkaloid aspidospermin extracted from quebracho bark. Gehe & Co., the well known chemists, have made a citrate. It occurs as a yellowish-gray powder or rhombic crystals, and contrary to the statement made in Gehe's circular, is insoluble in water. It is soluble, however, in fifty parts of water to which four or five parts of nitric acid have been added. In cold (absolute) alcohol, ether, and glycerin the preparation is scarcely at all soluble. Boiling alcohol, however, dissolves one part to ten. The acidified watery solution shows a somewhat reddish color after long standing, but remains clear. Subcutaneous injections of .02–.04 centigramme in the

rabbit failed to produce any marked symptoms. In frogs the aspidospermin caused primary respiratory paralysis.—[*Phil. Med. Times*.

**COMPLETE OBLITERATION OF THE COMMON BILE DUCT, WITHOUT JAUNDICE.**—At a recent meeting of the Société de Biologie, April 23d, MM. Hanot and Gombault reported a case of sclerosis of the pylorus, with fibrous transformation of the hilum of the liver. On dissection and examination with the microscope, it was found that the common bile duct, the cystic duct and the hepatic artery were completely obliterated; the obliteration of the portal vein was not complete. There had never been any trace of jaundice while the patient was alive.

MM. Hanot and Gombault consider that the pathogenesis of jaundice is far from complete elucidation, and that the facts in this case might be variously interpreted. In the pathogenesis of jaundice, the condition of the excretory bile ducts is not the sole subject for consideration; the state of the vessels which carry to the hepatic parenchyma the elements of the secretion, as also the state of the secreting organ itself, are both subjects of primary importance.

In this case the ductus communis choledochus was obliterated; but, at the same time, there was complete obliteration of the hepatic artery, and incomplete closing up of the portal vein. It may then be admitted that the biliary secretion was, if not abolished, at least very notably diminished, so that its retention did not suffice to produce the phenomena of icterus.

The tissue of the liver presented the microscopic lesions which are produced experimentally by ligature of the common bile duct and portal vein, a sort of compound cirrhosis, venous and biliary at the same time.—[*Med. and Surg. Reporter*.

**OVARIAN TUMOR TREATED BY INCISION AND DRAINAGE.**—In the *New York Medical Journal* for June, 1881, Dr. T. Gaillard Thomas relates the case of a lady on whom two attempts were made to extirpate a large ovarian tumor, which attempts were abandoned on account of the extensive adhesions encountered and the profuse hæmorrhage that took place. The patient's health became very much depreciated, and on several occasions she passed into a state of collapse and was thought by her physician to be dying. She now entered Dr. Thomas' private hos-

pital, where, after vain endeavors to improve her condition by great care and thorough drainage (a drainage tube having been inserted by the surgeon who first attempted the removal of the tumor, and the opening still persisting), Dr. Thomas cut down upon the tumor, and, without opening the peritonæum, tried to enucleate it. There was so great hæmorrhage, however, and the sac was so universally attached, that he gave it up, and cut directly into the mass, when a large amount of colloid fluid escaped. Carrying his hand into it, he found a large amount of sacs, each of about the size of a cocoanut, filled with fluid, which he broke up. One existed almost outside of the large tumor, and it was into that that the India-rubber tube had been inserted by the patient, and pus withdrawn. He opened this thoroughly, exercising care that none of its contents should enter the peritoneum. Two glass drainage tubes were then inserted, one above and one below, in Douglas's cul-de-sac, through which carbolized water could be injected. The patient was placed upon the most nutritious diet, and injections of carbolized water were employed. The tumor diminished in size until it was not larger than the head of a child at birth, and one month after the operation she left the hospital, with instructions to keep up the injections of carbolized water. A month later she appeared to be perfectly well, a cyst the size of a goose's egg still remaining, which she drained with perfect ease.

INTUSSUSCEPTION OF THE INTESTINES, WITH EXPULSION OF FORTY CENTIMETRES OF INTESTINE—RECOVERY. (Dr. Grosoli, *Giornale di Medicina Militare*, November, 1880, p. 1190; from *L'Indipendente*, No. 32, 1880).—Boy 10 years old, after having eaten some limes and oranges (seeds, skin, and all), was seized with violent pains in abdomen. Castor oil administered by his mother without causing any passage. Pains continued, and soon associated with vomiting. Dr. Grosoli called in. He prescribed an oleaginous purgative and a clyster of senna and common salt, but without success. Symptoms increased in violence, and vomiting of fetid, sedimentary matter set in. Belly extremely tender to touch. Leeches, clysters, hypodermic injections of morphine and atropin, warm cataplasms, cold applications, warm baths of the whole body, and electrical currents had no effect. For twelve days the patient suffered agony, being sustained in the mean time by nutritive enemata. Finally, the

doctor administered to him thirty grammes of mercury. Two hours after, bowels moved for the first time. Expulsion of much flatus and fecal matter mixed with blood and mercury. He then commenced to improve, but the pains ceased only with the expulsion of a membranous substance having a gangrenous odor. Next day, expulsion of forty centimetres of small intestine. For fourteen days following, slight pains in abdomen were present with occasional ejection of pieces of intestines. In a month after, he was able to leave his bed.—[*Phila. Med. Times*.

**THE CAUSE OF RIGOR MORTIS.**—This question is discussed in a recent paper by Prof. Latham, of Cambridge, England:—

Muscle during life has an alkaline reaction; but after death it becomes acid, owing to the development of lactic acid. This substance, Dr. Latham points out, may be derived from the glycogen of the muscular tissue, or from alanine, a substance metameric with sarcosine; and he suggests that it may be set free by the removal of the controlling nervous power. In muscular tissue, he holds that there must always exist the elements of (1) urethane; (2) cyanic ether + water; (3) urea. When the nerve-force is cut off by death, the decomposition of (1) and (2) would produce sarcosine, which might be sufficient to account for *rigor mortis*; or it may be that this rigidity is increased by the combination of cyanic ether with urea, producing a crystalline compound. Professor Latham thinks that the action of salicylic acid in rheumatism may be explained by its entering into combination with the elements of muscular tissue in the process of disintegration, and so preventing the formation of lactic acid.—[*Med. and Surg. Reporter*.

**HARD CHANCRE OF LIP.**—The following singular cases are reported in the *Glasgow Medical Journal*. They illustrate how innocent persons may become syphilitic:—M.M., æt. 22 saleswoman, was admitted 29th October, 1880. She is a strong, healthy girl, and seems to have been unusually exempt from illness throughout life. About six weeks previous to admission into hospital, a small *hack* appeared in the middle of the upper red lip; this became painful and inflamed, and ultimately an open ulcer formed, and gradually spread over the lip, defying all treatment.

**Condition on Admission.**—Occupying the middle of the upper

lip was a raised ulcer, circular, and about the size of a shilling; its base was hard and cartilaginous, and the fore part was covered with a scab. Free movement of the lip caused pain and bleeding. The entire lip was thickened and everted, and the glands behind both angles of the jaw and under the chin were enlarged. There was a distinct measly rash over the lower part of the chest and abdomen.

The patient was quite ignorant of the real nature of the sore, but its appearance was perfectly characteristic, and if any doubt had existed it would at once have been removed by the presence of the secondary eruption, about which, too, the patient was quite ignorant.

*Treatment.*—The ulcer was nearly protected, and bichloride of mercury and chlorate of potash administered internally. On 15th of November it was noted that the base of the ulcer was less firm and cartilaginous, and the measly rash was fading. By the 17th, the ulcer began to diminish in size, and a healing line could be seen. On the 18th it was dressed with a solution of potassio-tartrate of iron. When patient left, on the 21st the ulcer was perfectly healthy, was much smaller, and the effusion into the surrounding tissues rapidly subsiding. On the 29th, having continued the medicine meanwhile, she returned to report progress; the ulcer was completely healed, but the thickening had not entirely dispersed, and the glands still remained enlarged. All eruption had gone.

Dr. Macleod had a second case in the hospital some time ago, with an almost identical history. The patient was a healthy young servant. The nature of the sore was recognized on admission, but only local treatment was employed till the secondary syphilitic eruption appeared. The roseola was very plentiful and characteristic, and it and the sore (for which, before admission, many useless local applications, had been tried), both disappeared quickly under the use of the bichloride of mercury.—*[Med. and Surg. Reporter.*

**INTERVAL BETWEEN APPARENT AND REAL DEATH IN ASPHYXIA FROM LACK OF AIR.**—M. Laborde has been investigating a question of great importance as well from a physiological as practical standpoint; one that, notwithstanding the numerous researches in regard to it since the memorable labors of Beihl up to those of our President, M. Paul Best, still remains unsolved.

It is the interval between the apparent and real death of animals asphyxiated by deprivation of air.

It is this type of asphyxia chosen by M. Laborde in order to always have as nearly as possible the same conditions. The animal being tracheotomised, a Bichah canula is introduced into the trachea, and the cock closed. The time for the supervention of the apparent death varies largely according to circumstances; a medium, however, can be established, amounting to from eight to nine minutes.

At this point there occurs first the cessation in the respiratory movements of the chest, then the dilatation of the pupil, and finally insensibility of the cornea. Ordinarily the cardiac movements persist—diminished more or less in frequency and strength.

The cock may be opened, and the blood does not flow less dark.

If artificial respiration is resorted to, there will be seen at the end of two minutes the acceleration or resumption of the cardiac movements, at the same time contraction of the pupil; the latter, however, not a constant occurrence; then the sensibility of the cornea returns and the animal breathes spontaneously.

If, after a time, the experiment is repeated upon the same animal, the phenomena attendant upon restoration occur in the same order, but after a much longer time. It is necessary to keep up the artificial respiration for twelve minutes instead of two.

After the dog breathes spontaneously through the open canula, the pupil that was contracted from the first artificial respirations, assumes its normal state.

Artificial respiration is not the only means of restoring life to the animal, since excitation of the pneumogastric will produce the same result.—[*La Tribune Médicale*, May 8, 1881.—[*Lancet and Clinic*.

RECTAL TOUCH IN COXALGIA.—M. Cazin read a report on this subject before the Académie de Médecine April 26th.

This mode of investigation, formerly reserved for exceptional cases, where voluminous intra-pelvic abscesses were suspected, should become an integral part of the examination of all cases of coxalgia, whether with or without suppuration. The symp-



toms observed in this way consist in pain on pressure over the post-cotyloid surface; engorgement of the intra-pelvic ganglions; augmentation in volume of the osseous surface; depression, flexibility, mobility, destruction or perforation of the post-cotyloid surface; boggy feeling of the soft parts and pelvic abscesses of different volumes; communication between pelvic abscesses of small volume and external fistulæ. These pelvic abscesses are often unique, and are found in cases of coxalgia regarded as without suppuration. So that every attempt at forced straightening, resection, etc., should be preceded by minute exploration of the portion of the pelvis corresponding to the bottom of the cotyloid cavity.—[*Med. and Surg Reporter*.

**THE USE OF OLIVE OIL AS AN EXTERNAL APPLICATION IN DISEASES OF THE CHEST.**—While a student in Professor von Gieth's Physical Diagnosis Class in the Munich General Hospital, I frequently had occasion to notice the use of olive oil as an external application in diseases of the chest. This, if I remember rightly, Professor Gieth preferred to all other external applications, such as Indian meal, cotton wadding, flannel or rubber jackets. Of course I am not considering the stage of those cases where counter irritation would be necessary.

Professor Gieth used a double fold of common cotton cloth, large enough to completely surround the body, the cloth he thoroughly saturated with warm olive oil. I think the Professor considered this generally sufficient without the addition of flannel. I have never seen this treatment recommended in any of our medical works, but in private practice very often since then I have had occasion to be very grateful for this valuable suggestion and find the use of olive oil excellent in almost all diseases of the chest. It is certainly very agreeable to the patient, besides being, as Professor Gieth suggests the best means at our disposal for *retaining a steady amount of heat*. The oil softens the skin and is probably more or less absorbed, which is of itself beneficial. The application is renewed from time to time as required.

The objection to the Indian meal jacket is that it rapidly cools and is liable to wet the bed-clothing and chill the patient, thereby defeating the desired result.

I am induced to mention this treatment in the hope that those who are unfamiliar with its use may give it a trial at this



season of the year, when lung diseases are so prevalent.—  
[Thornton Parker in *Boston Med. and Surg. Jour.*

**THE MODERN METHOD OF BED-MAKING RESPONSIBLE FOR SOME FORMS OF BACKACHE.**—James Turle, M. D., in *British Med. Journal* :

Let anyone on an ordinary cool night, *when warm* in a bed in which he has not been tucked up after getting in, place his hand (still under the bed-clothes) at that part of the bed which is on a level with the small of his back. He will find a very cold current of air rushing in to supply the place of that which is being more gently expelled upward (relatively to the head) by the warmth of his body. Children and young people frequently lie two in a bed; and as they almost invariably lie on their sides, and generally with their faces toward each other, for antedormial conversational purposes, the back is often near enough to the edge of the bed for the cold air-current to chill the lumbar muscles, and so to produce in them that temporary rheumatic stiffness and pain in the morning.

That the modern system of bed-making (and the disuse of such contrivances as the old-fashioned sliding-boards with which our grandmothers pressed down the edges of the bed-clothes) is a very frequent cause—if not, as I believe, by far the most frequent cause—of “backache” can be proved by the certainty with which protection of the back from cold during the night prevents the recurrence of any trace of the pain. Such protection is best afforded, I think, by a pillow or bolster laid longitudinally at a little distance from the sleeper, between him and the edge of the bed. A “protector” of washleather lined with several layers of flannel, or a small pillow, as Mr. Square suggests, and many other kinds of devices, will no doubt, be equally effective in guarding the back from the cold air. All that is necessary—and, as I consider, extremely important—is the diffusion of a knowledge of the fact that in the usual way in which English people are now in the habit of lying in their beds at night, a current of cool air flows with more or less velocity between the edges of their beds and that part of the covering-clothes which they have “untucked” in the act of getting in.

It seems to me to be highly probable that this current of cold air may be responsible, not only for the slight rheumatic

pains now more particularly referred to, but also for many cases of severe lumbago and even for some forms of acute and chronic nephritis leading to the gravest results. In any case it must be clear that though a regular replacement of the air round any person in bed is essentially necessary for health, that replacement should not be kept up by a current which impinges upon any one part of the body, especially so important a part as the lumbar region; further, that this air-current should be particularly guarded against in the cases of persons who are weakly, and on that account both more liable to chill, and more liable to "sleep warm," thereby increasing the velocity of the cold draught. Coldness of the feet, and its results, insomnia and cephalalgia are also frequently dependent on the clothes not being properly turned under at the foot of the bed.—[*Louisville Med. News.*]

**MEDICO LEGAL TRIALS.**—Dr. Jerome Walker in a paper on the above subject thinks it is reasonably certain that future juries will not be much, in intelligence, above the average of those who have preceded them. We must rely, therefore for the honor of the profession and the protection of our *worthy* medical brethren, upon ourselves and the assistance of law-makers. Allow me, then, at this time to make a few suggestions, which will afford scope for discussion at the present meeting of the Society, or at a combined meeting of physicians and lawyers under the management of our Medico-legal Committee.

1st. In certain cases a jury of medical men should be obtained, if possible.

2d. Medical experts should be summoned and paid by the State, the experts acting as associate judges, assisting *the* judge to get at the truth.

Certain cases might be referred to a commission, fashioned somewhat like the present Commissions in Lunacy.

4th. Experts called by the court to testify should be paid. In the State, Indiana, the Supreme Court has decided, "that under the Constitution the State has no right to take a man's particular service without compensation, and that the giving of expert medical testimony is a particular service within the meaning of the Constitution." (*Canada Lancet*, October 1, 1868, p. 64.)

5th. The office of coroner, with the system of coroners' juries now prevailing, should be abolished, as suggested by the President of the N. Y. State Society in 1879, and the system in vogue in Massachusetts be adopted.

4th. Life Insurance Companies have accumulated a mass of information relative to causes of death, the bearings of certain conditions upon the question of insanity or of longevity, facts proving or disproving the commission of suicide, etc., etc. At present this information, so useful in the court room, is inaccessible to the majority of physicians. Is it not possible for "medical examiners," individually or conjointly, to bring this material before this Society for our edification and learning.

7th. Cannot members in good standing in our Society be protected against irregulars by enforcing the regulation law? If men are to be permitted to practice by license, is a license granted in some other county good in this county?

8th. The few instances in which examinations of supposed invalids have been ordered by the court, to be held in the presence of medical men, acting for the court, as "referees and conductors," have been appreciated by the profession interested on both sides of the cases.—[*Proc. Med. Soc. Co. of Kings.*

**A SUBSTITUTE FOR COD-LIVER OIL.**—It is claimed by *The Nature* that the oil of oolachen, or candle-fish, possesses all the medicinal qualities of cod-liver oil. The fish is about as large as a herring, and, like the salmon, ascends the river once a year to spawn. At this time it is caught by the Indians, who esteem it a great delicacy. It is met with upon the coasts of Vancouver's Island and British Columbia, and in the bays between the Frazer and the Skuua rivers.

The oil is said to hold a high reputation in this country, and it has recently been introduced into England, where it will probably take "a prominent place as an important medicine."

This suggests the thought that perhaps any edible fish that is inclined to take on fat would prove useful as a dietetic in struma and tuberculosis. We have often noticed under the skin of the whitefish of our northern lakes a layer of fat an inch thick which when cooked was grateful to the palate and easy of digestion. Have any of our physicians on the lake-coast ever tried the experiment of treating their consumption cases

with a full allowance of this diet? If so, reports are in order.—  
[*Louisville Med. News.*

**PHYSIOLOGICAL AND THERAPEUTICAL INFLUENCE OF BROMIDE OF ETHYL IN EPILEPSY AND HYSTERIA.**—Drs. Bourneville and D'Olier (*Le Progrès Méd.* 1881, p. 228) have made a series of investigations on the subject, of which they give a resume in their paper. Their conclusions are as follows:

1. Dilatation of the pupil at the beginning of the inhalation is not constant.

2. Complete muscular relaxation is exceptional.

3. Anæsthesia is produced in varied degrees, dependent upon the idiosyncrasy of the patient.

4. The temperature, the secretions and the general condition of the patient do not appear to undergo any modification.

5. The pulse and respiration are slightly accelerated.

6. More or less marked trembling of the limbs may be produced during inhalation, but this does not persist any longer.

7. Hysterical attacks are generally easily arrested by bromide of ethyl.

8. Attacks of epilepsy may sometimes be arrested by giving the patient the medicine from the tonic period; most frequently inhalation is of no benefit.

9. In epilepsy the regular use of bromide of ethyl administered in daily inhalations during a period of one or two months, diminishes very notably the frequency of the attacks.—[*Therapeutic Gazette.*

**A NEW TEST OF INTELLIGENCE.**—The Parisian scientist, Dr. Launay, has made the curious discovery that, to ascertain the qualities of a cook, it is sufficient to give her a plate to clean, or a sauce to make, and watch how she moves her hand in either act. If she moves it from left to right, or in the direction of the hands of a watch, you may trust her; if the other way, she is certain to be stupid and incapable. Similarly, the intelligence of people may be gauged by asking them to make a circle on paper with a pencil, and noting in which direction the hand is moved. The good students, in a mathematical class draw circles

from left to right. The inferiority of the softer sex (as well as of male dunces) is shown by their drawing from right to left; asylum patients and children do the same. In a word, *centrifugal* movements are a characteristic of intelligence and higher development; *centripetal* are a mark of incomplete evolution. A person as his faculties are developed may come to draw circles the opposite way to what he did in youth. Delaunay has some further extraordinary conclusions as to the relative positions of races in the scale of development from the way they wind their watches and make their screws.—[ *Gazette*.

**AUTO CHIRURGERY.**—A curious case, according to the *Nordiskt Mediciniskt Arkiv*, was reported by Dr. G. A. Hesselgren at a meeting of a medical society in Sweden. A soldier was admitted into the hospital at Mohed suffering from a severe attack of colic. On his admission he stated (and his statement was confirmed by the captain of his company) that, a year previously, he had accidentally stabbed himself in the abdomen with a shoemaker's knife. The wound was two inches long, and the intestine protruded. The soldier who was nine miles (Swedish—nearly sixty English miles) from a medical man, himself replaced the intestine and sewed up the wound, which healed in three weeks, without, it was said any inflammatory symptoms of importance. The scar, an inch long, was visible to the right of the linea alba, three inches above the symphysis. The only results of the injury were a disposition to constipation, and severe attacks of colic after exertion. The patient used to relieve the colic by taking large quantities of yeast. As he was no longer capable of much exertion, he was discharged as unfit for service.—[ *Med. Gazette*.

**THE EFFECT OF DRUGS DURING LACTATION ON THE NURSING**  
—The result of Mr. T. M. Dolan's experimental inquiry into human milk and the effects of drugs during lactation on either nurse or nursing, as published in the *Practitioner*, may thus be summarized: All therapeutical agents intended to act on the mammary gland must first enter the blood, or mammary apparatus. This principle follows from what we know of the processes involved in the making of milk and depends on the general principle that nutrition is dependent on the blood-supply. Further, all drugs, derived from the families dilleniaceæ, cruci-

feræ, solanacæ, umbelliferæ, etc., enter the blood and impregnate the milk, so that poisons in any of these classes must be administered with caution to the mother or nurse, lest the nursing be injured. Mr. Dolan has furnished instances where dill, aniseed and conium had this effect. Again, there is no true galactagogue in the sense in which it is understood. The nearest approach to such an agent is to be found in jaborandi; but this drug is not persistent in its action, as it only temporarily affects the mammary secretions. There is, however, an anti-galactagogue—belladonna. The milk also of the mother may be improved by heat-forming elements by the administration of fat, and the salts of milk may be improved by the administration of medicines, then various physiological actions—purgative, alterative, diuretic, etc.—may be produced in the child by the administration of drugs to the mother, as is well known. Finally, if we are to expect any improvement in milk-secreting power, both as to quantity and quality, we must look to diet for the attainment of that object.

Three nitrogenized compounds, vegetable fibrin, albumen and casein, supply flesh-forming food. The chemical analysis of these three substances has led to the very interesting result that they contain the same organic matter, united in the same proportion by weight, and, what is still more remarkable, that they are identical in composition with the chief constituents of blood, animal fibrin and albumen. They all three dissolve in concentrated muriatic acid with the same deep purple color, and even in the physical elements animal fibrin and albumen are in no respect different from vegetable fibrin and albumen. In regard to the presence and relative amount of sulphur, phosphorus and phosphate of lime, no difference can be observed.—[*Medical Record*.

## ARTICLE IX.

## Correspondence.

**MATERNAL IMPRESSIONS.** By C. C. STOCKARD, M. D., of St. Louis.

Apropos of a discussion in the St. Louis Medical Society, on May 7th, I will relate four cases of deformity of children, which were attributed to impressions made upon the mothers during pregnancy.

They all occurred in Washington County, Miss.

Case I. A negress five or six months pregnant, on stepping out of the door and looking into a barrel, for something she had there, was so much frightened by a turtle that some one had put in the barrel that she fell back and remained unconscious for some time. The child was born at term, and presented a deformity, which of course was attributed to the scare. It had a curvature of the spine, and on both hands the thumbs were wanting, and the hands stood at right angle to the wrist, the palms being turned to the ulnar on both sides, presenting an appearance that really required no very great stretch of the imagination to see a resemblance of the feet of the turtle. The child was healthy and remained so up to the time I last saw it, when it was five or six years old.

Case II. L. R., a negress aged about 30 years, gave birth to her third child in March, 1877, which presented the following deformities. On the left hand there was a supernumerary finger, situated between the third and the little finger. The finger external articulated with metacarpal bone. On the right hand there was entire absence of the third and little fingers with the corresponding metacarpals. The right forearm had received a fracture in utero and had united at an angle. The mother had fallen some weeks previously to which she attributed the fracture, but the deformity of the hands she considered a punishment for having laughed at some one with deformed hands.

Case III. L. R., a negro girl aged about 18, gave birth to her first child in Feb 1877. It presented a double harelip, which was attributed to the fact that a negro had moved on to the plantation, on which she lived, during her pregnancy who had a double harelip. It was probably the first harelip the mother had ever seen.

Case IV. Was Mrs. F., with whom I boarded during 1878. On the first of May of this year I attended an abortion case, and procuring the foetus—which was about three months old—I put it in alcohol and kept it in my office.

Mr. F., having seen it told his wife of it, and said all the parts were developed except the ears. Mrs. F., went into the office during my absence and says she noticed particularly that it had no ears. On the 5th of December following Mrs. F., gave birth to a child which had no left ear. The head of the abortion had been mashed by the mother's lying on it, and Mrs. F's, baby presented distinct depression of the left side of the forehead. The left side of the inferior maxilla was shorter than the right, and immediately behind the ramus was a projection about half as large as a pear, with a depression in front, but no canal leading to an internal ear.

The coronal suture ran obliquely backward so that the head looked very much as though it had been mashed, as in the case of the abortion.

Immediately after the birth Mrs. F., asked me if the child was deformed, and said she had greatly feared it would be. Mrs. F., had previously, and has since given birth to healthy, well developed children. This one died at the age of five months of hydrocephalus.

If there be anything in the effect of maternal impressions upon the foetus in utero it is a subject of great importance, and I think it the duty of everyone to report cases within their knowledge, as it is only by the collection of a large number of well authenticated cases, really bearing on the subject, that the profession will be induced to give it that attention which it deserves.

Two of the cases here reported, I think, are really very remarkable coincidences—if the maternal impression had nothing to do with it. I refer to the I. and IV. The II. and III. being common deformities, are not so striking.

In Case I. the condition of the spine and even the position of the hands might, I think, possibly result from sudden and powerful contraction of the uterus—but this certainly could not remove both thumbs and their metacarpal bones, and the three deformities together are difficult of explanation. The rarity of cases of children being born with an ear absent, taken with the statement of father and mother, that they had spoken of the absence of ears in the abortion foetus make the IV. case highly interesting.

#### QUERY.

EDITORS JOURNAL: What does he mean? Did he cure with *Buckeye* or *Horse Chestnut*? *They are not the same.* Dr. W. S. Drake had an inveterate case of chronic rheumatism, cured by bathing the patient in an infusion of the buckeye (*æsculus hippocastanum*) (?) Query: *Which was used?* The report appeared in your JOURNAL. Please inform

Yours: M. M. Dowler, M. D.,  
Beardstown, Ill.



## ARTICLE IX.

## Editorial.

## REGULATION OF THE PRACTICE OF MEDICINE.

Some time ago a great deal of time and energy was spent by quite a number of physicians and medical societies of this and other cities of the State of Missouri, to induce the Solons of the State Legislature to pass a law regulating the practice of medicine. That these well-meant efforts on the part of the profession were futile is but too well-known. They could not succeed in making our legislators understand that it would benefit the "dear people," to save both their health and pockets, from the rapacity of sharks, or probably they were blinded to these advantages through means that were more substantial, in fact than forcible in reason. We have been led to speak of this from the fact that we have received several inquiries from "electric" and other "pathists," as to the feasibility in a financial point of view, of making a success here. It merely shows that as there is no protection afforded to honest physicians, quacks, sharpers, *et id omne genus* naturally look to this State as an El Dorado offering bright prospects and hopes of large returns for a moderate outlay of impudence and advertising.

The question for the people now, is, will it pay to secure honest physicians? We decidedly think so, and think further that it will pay not only patients and physicians, but the State at large. That it will have a tendency to establish a greater confidence in medicine and that it will lead to an amelioration in the present status of the average doctor. It will also elevate medical education, which needs all the elevating influences that can be brought to bear upon it.

We do not wish to see a title, little less common than

"Colonel," sullied by the opprobrium that has been heaped upon it by those who never had a right to assume it, either by reason of proper qualifications or on account of those qualities which essentially distinguish the gentleman and scholar. It is unfortunate for Missouri that she is so far south; for the natural indolence and sluggishness of Southern climate shows itself but too often mingled as it is with a deplorable ignorance on very important matters.

However, there is no doubt that the natural course of evolution will take place and the weakest go to the wall, and by a union of the respectable and educated physicians little doubt can remain as to the individuals who will be found wanting. We still labor in the vain hope that some future legislature will be illumined by a ray of light, and see the matter in the proper way, and contribute to the abatement of a growing and crying evil that demands the most energetic measures toward reform

#### THE CITY DISPENSARY.

The City of St. Louis cannot afford any longer to furnish the poor with free medicine and medical advice. The latter, however, was so cheap that it could have been continued, but would be of no avail without their being supplied with medicines. The various medical colleges made a proposition to establish free clinics provided that the city would furnish the medicines, but the city cannot do this. As soon as this proposition was made public, the irregular colleges raised a howl of discontent, and claimed their share of whatever benefits might accrue from the exertions of the regular profession in behalf of college dispensaries.

The City Dispensary has never proven of much benefit, from the fact, that but a few physicians were expected to treat the large number of patients. It is very evident that they could not devote the time, care and attention which the cases demanded, and as a consequence the work done was very imperfect. Again there were many cases, which demanded a greater educa-

tion in certain specialties than the attending physicians were endowed with. There is no doubt whatever, that no physician can be proficient in all the branches of medicine, and that even the fair amount of skill possessed by a general practitioner could only be applied here, at a great disadvantage.

With dispensaries at colleges, there would be a number of departments and thus a division of labor, which would ensure a more thorough treatment and better attention. Far be it from us to say that the dispensary physicians are not intelligent and conscientious physicians, but the large amount of labor to be performed by a limited number in such a short time, placed them at a fearful disadvantage.

At present the matter is at a *statu quo*. The City Council has no right whatever to appropriate any of the City's funds to the purchase of medicines for college dispensaries, and the whole control of the matter lies in the hands of the Health Commissioner.

What developments are to be expected and what the final result will be is as yet unknown ; but there is not a shadow of a doubt that college dispensaries would be an advantage both to medical colleges and to the patients. The former would be enabled to present greater clinical facilities to students, and the latter would profit by the greater amount of skill that would be devoted to their cases. Altogether it would benefit the cause of medical education in St. Louis, and be one step towards advancing the status of instruction and induce Western students to stay at home and reap the benefits which they now seek, at great expense, in the East.

## ARTICLE X.

## Book Reviews.

**IMPERFECT HEARING AND THE HYGIENE OF THE EAR** including Nervous Symptoms, Tinnitus Aurium, Aural Vertigo, Diseases of the Naso-Pharyngeal Membrane, Middle Ear and Mastoid Region. With Home Instruction of the Deaf. By LAWRENCE TURNBULL, M. D., Ph. G. Third Edition with Illustrations. 8vo. pp., 141. [Philadelphia: J. B. Lippincott & Co., 1881. St. Louis: St. Louis Book & News Co.]

The last edition of this work has been out of print some years, and as there was a desire expressed for another edition, the author felt it to be a pleasant task to prepare this, the third edition. He has lately visited Europe where he has been favored with unusual facilities in bringing the knowledge of this subject up to the latest period. While we cannot agree with him in all his views, yet there is much to be learned from the work. We do not think there can be any affection of the ear, that arises from diseases of the mucous membrane, that does not have its origin in chronic inflammation of the nasal passages. For this reason we are pleased to see that he has given an entire chapter to the importance of the treatment of these cavities.

In this chapter we see he uses the rubber band for holding the reflector on the head, instead of the metal folding band, that goes over the top of the head. He also keeps the tongue depressor in his own hand, instead of having his patient use it, which if he did do, would give the patient something to do—which is an important item—and would prevent much of the unpleasantness that comes from the physician depressing the patient's tongue.

We fear that his treatment of chronic inflammation of the naeal passages is not thorough enough to be affective, at least this is our experience after many years' close and exclusive study of this disease. The general direction to spray the nose, has been followed by hundreds and thousands of practitioners, yet nearly all of them fail to do more than give the patient a *little* relief, except when the case is a *very severe* one. Without special directions, not one physician in a thousand will make the right kind of an application. The application of a powder to a surface covered by a catarrhal secretion, is not taking the best advantage of remedies and means.

His chapter on *tinnitus aurium* has interested us much, as he has here given us the "gist" of various authorities as to their theories of its cause. His opinion is "that the subjective noises always have their origin in an excitation of the terminal filaments of the auditory nerve," To substantiate this he has given the histories and treatment of a large number of cases, as well as his objections to the theories of others. While Dr. Turnbull's theory will no doubt have many believers, we think that it conflicts with some of the well-known laws of physics. There exists no such a *thing* as sound. Sound is only the impression that the vibrations of the air or other body make on the auditory nerve by means of the liquid in the internal ear. It requires motion to cause us to perceive sound, in other words, we cannot have any kind of a sound in the ear *without motion* being imparted to the liquid in the internal ear. Now, in *tinnitus aurium*, the patient has a sound that is not produced by sound waves in the air, yet this sound *must* and *can only* be produced by *motion* imparted to the liquid in the internal ear. This motion is imparted by a *paralysis agitans* of one or more muscles belonging to the middle ear. I am forced to this conclusion, because there is nothing else left to impart motion. The alternate contraction and relaxation of the muscle or muscles cause the motion, which is imparted to the ossicula to which the muscles are attached, which in turn impart it to the internal ear. Of course a fluid in either the tympanum or eustachian tube may cause a gurgling noise, or a pulsating noise may be caused by anæmia or arterial congestion, but the usual fine noises resembling the escape of steam, and the like, we think are caused by the motion imparted by the *paralysis agitans* of the small muscles of the ear.

Dr. Turnbull is a well known and accurate writer on ear diseases, and we are pleased to say that we always get good ideas from every article that comes from his pen. We cordially recommend every ear specialist to procure a copy of this work.

THOS. F. RUMBOLD.

A TREATISE ON DIPHTHERIA. By A. JACOBI, M. D., 8vo. pp. 252. [New York: William Wood & Co.]

Next to McKenzie on diphtheria this work will stand as authority for several years. Dr. Jacobi has the reputation of being a close observer, a correct writer and a successful practitioner.

I. THE CARE AND CULTURE OF CHILDREN. A Practical Treatise for the use of Parents. By THOS. S. SOZINSKEY, M. D., Ph. D. 8vo. pp. 484. [Philadelphia: 1880. D. G. Brinton, 115 S. 7th, Street.]

2. **HOW WE FED THE BABY**, to make her Healthy and Happy; with Health hints. By C. E. PAGE, M. D., 144 pages. Paper 50 cents; cloth 75 cents. For Sale by John Burns, 717 Olive st. St. Louis.

1. This large volume contains a great deal of good advice. The first 112 pages are occupied by rules of conduct with regard to air, diet, clothing cleanliness, exercise, waking and sleeping of children in health.

The next 202 pages give advice with regard to the prevention of disease, contagion and infection, the nursing of the sick, the diet of the sick, remedies in sickness, constitutional and allied diseases, acute general diseases, diseases of the digestive system, diseases of the air passages, diseases of the vascular system, diseases of the nervous system, diseases of the skin, miscellaneous diseases and conditions, faults of development, and results of violence of children in sickness.

Part II. is devoted to the culture of children. It contains good advice on the physical conditions at different ages, the muscular system, the sense of touch, the sense of taste, the organ and sense of smell, the organ and sense of hearing, the organ and sense of sight, the voice and speech, the hair, the teeth, the hands and feet, the personal beauty. This is contained in the 64 pages following the previous section.

The author then devotes 90 pages to general features of mental culture, the culture of the feelings, the culture of the intellect, the culture of the will, the culture of the social sentiments and the culture of the religious sentiment; all this he includes under the general heading of Mental Culture.

I do not think that it would be very difficult to establish, that a healthy child will become a healthy strong adult, and that a sickly child will become a weakly, "stunted" adult, if it lives. Parent's ignorance in the way of rearing their offsprings, is the cause of the great majority of the deaths that occur in the human race. The young mother, who a year or two ago graduated in our justly celebrated High School and Mary Institute, is more ignorant of the hygiene of infancy, than she is of the flats and sharps of the soon-to-be-forgotten piano, yet the one, although it cost her guardian hundreds of dollars, is soon laid aside for the realities of life, but the ignorance of the other is likely to cost her the life of a "being in whose existence and happiness her whole soul is centered."

On this point Herbert Spencer the English philosopher in his work on education says: "Is it not an astonishing fact, that though on the treatment of offspring depend their lives or deaths, and their moral welfare or ruin, yet not one word of instruction on the treatment of offspring is ever given to those who will hereafter be parents? Is it not monstrous that the fate

of a new generation should be left to the chances of unreasoning custom, impulse, fancy?"

The need of reform in the hygienic care of children is seen every day. Every child that requires the use of a handkerchief to clean the outflowing muco-purulent secretion of the nasal passages, is a standing rebuke to its parents, who have not been careful enough to prevent this catarrhal inflammation. To the ever present inflammation, under the anterior portion of the brain, may, in our opinion, be ascribed the mental depression, which is frequently so long continued as to produce a feeble, and diseased condition of the mind.

Our author says: "In this book I propose to give such information and advice as will serve to enable people to do, in a measure, their duty toward their offspring, from early infancy to youth, the whole period during which they are under parental direction and control." As seen from what I have given, he has divided it into two parts. In the first, he treats of the care of children in health and in sickness; in the second their systematic culture, both physically and mentally.

He is sound on tobacco: "Smoking tobacco should be forbidden, for breathing the smoke is injurious to health, and tolerating it, is pandering to vice."

I am very sorry that he has contributed to the fashion of continuing a CRIMINAL OMISSION. He says, that caps on the infant's head are not required unless the air is unusually cold. I think that this will do as much harm, as the remainder of his sentence will do good. "Nature furnishes an appropriate covering as soon as it is needed." That is to say, that while a child is young and hairless, its head does not need protection, but as soon as it gets older, a full crop of hair proves that it gets weaker, and needed the protection of its newly acquired silken curls! His objection to caps is, that they sometimes cause undue perspiration. He could also say that food sometimes causes undue fullness of the stomach, but who would discontinue the use of food on that account. Regulate both the quantity of food and the thickness of the cap.

He recommends that the rules issued by the Royal Humane Society of England be followed by baths in water. They are, no doubt good. His advice with regard to exercise is, in the main, good, but what he says of swinging is a little mixed, "he thinks that it is bad for children until they get used to it."

His remarks on the remedies to be taken by the sick go too minutely into the practice of medicine. In a book like this which is intended for the public generally, the description of nitric acid and its effects upon the body is certainly out of place, except as a warning. To tell a mother how to make mint water and prepare a mustard draft may be in place, but to give the preparations for the solution of acetate of ammonia and the



solution of sulphate of morphia, is certainly dangerous, to say the least.

While it would be most beneficial to give a cursory description of most of the diseases that are common to childhood, it is not only a waste of space, but it is fraught with danger to give all the remedies that might be required in the treatment of a complaint.

We have not the least hesitation in saying that this is a very desirable book for every family, although we think we are right in objecting to his excessive detail in prescribing for diseases, with which the mother or father may be unacquainted. We have finished its perusal with the kindest feelings toward the author, and believe that he has succeeded in writing a book that fills a vacant space in most family libraries.

2. This little work is well written, but is a trifle too enthusiastic and affects too great a precision in the rules for feeding a child, yet we must say that there are evidences of careful study and many proofs that he is telling some important facts, that if we did know, we have not been putting into practice. The author has made the history of his own daughter's feeding the central feature of his book. This adds to the value of his advice, but had he raised six children, his advice would have been more than six times more valuable. Raising children, is like practicing medicine, experience perfects.

He remarks in his preface, that the generality of people demand *medicine*, and not hygienic rules. This is too true. It is true also that should a physician attempt to instruct his patients how to *prevent* a complaint, he would be listened to with about half the interest that he would be, were he to relate the concluding scene of a new opera. As his effort is to instruct people how to raise healthy children, by bestowing only that care that comes from good sense, we heartily recommend the book to young married people, nor will it do the least harm should it fall into the hands of the marriageable unmarried.

THOS. F. RUMBOLD.

**HYDROPHOBIA.** By HORATIO R. BIGELOW, M. D. 12mo. pp. 154.  
[Phila : D. G. Brinton. 1881.]

The subject of which the above little book treats has been and still remains an *approbrium medicinæ*, on account of the great ignorance which the medical profession has confessed upon it. It is one of the most mysterious of all the ills that flesh is heir to, and whatever little light may be thrown upon it is welcomed by all, as a veritable god-send. Many and various have been the theories in regard to its pathology and treatment, but all have eventually proved unworthy of trust.

Dr. Bigelow in his initial chapter considers the nomenclature of the disease and prefers the name *hydrophobia*—although a



misnomer—to all others as expressing more distinctly the disease in man, as opposed to rabies in animals.

In the next chapter, the history of this affection is given in a very interesting and instructive form from the earliest times up to the present day.

The next chapter is on the Pathology and Morbid Anatomy, and in this, he gives the most prominent views that have been enunciated on the subject. In concluding the chapter he says: "The question as to whether the lesions of the nerve centres are primary or secondary to a blood poison is as yet *sub judice*, but from a very careful analysis of the various necroscopical reports, I am strongly of the opinion that future investigations will point to the existence of a blood ferment as the exciting factor. That this ferment is of a nature to inhibit the functions of the oxygen carriers of the blood, altering the chemical and physiological character of the red corpuscles, and greatly interfering with the integrity of the blood plasma; and just in proportion as we shall direct our treatment to such conditions, by the free administration of pure oxygen, so will the measure of our success be." This, if true, is a great discovery, and would place a hitherto unknown disease within the domain of knowledge and bid us hope that the day has arrived, when its subjection would be an assured fact.

The next chapters treat of incubation; treatment, curative and preventative; how to recognize a "mad" dog; emergencies, and how to treat them; curiosities of literature, and the most recent views in the pathology and treatment of hydrophobia. He concludes this interesting little work with the remark that recent pathology seems to sustain his opinion. "The primary excitant is a blood irritant, which addresses itself chiefly to the finer vessels supplying the central nervous system. The condition of disorganization, founded upon post-mortem examination of the cord, is an effect of the altered blood supply, and cannot now be regarded in any sense as a primary lesion."

Altogether this a valuable little work, being a compilation of all the principal things connected with the subject. It is very entertaining reading and also of real value, and will prove quite a valuable acquisition to recent medical literature. As an index of ancient and modern literature, it will prove of value as being a very handy condensed form, and deserves all the success it will undoubtedly meet with.

**A MANUAL OF DISEASES OF THE EYE AND EAR** for the Use of Students and Practitioners. By W. F. MITTENDORF, M. D. Fully Illustrated with colored lithographs and wood cuts. 8vo. pp., 445. [New York: G. P. Putnam's Sons, 1881. St. Louis: Hugh R. Hildreth Printing Co].

This is the first book that we have seen, published by an

American author on the "Eye and Ear," and we hope that it will be the last one that does not as thoroughly treat of the diseases of the organ that is the primary locations from which the complaints so frequently extend.

The unconnected partnership of the "eye and ear," that has existed for so long a time, is about to be dissolved forever. The physician of the present day, whose daily practice is to prescribe for the diseases of these two organs, without once asking a question as to any affection of the nasal passages, is simply derelict in duty, but the author who writes a treatise on the affections of these two organs, without going into a full detail of those nasal affections that are apt to extend to the ear and eye is in a much greater degree derelict in duty. On page 47, he says, that "the lachrymal sac and the nasal duct are continuous, and are generally diseased together." \* \* \* "The starting-point of the inflammation is generally the nose, with which the living membrane of the duct is continuous." Although he must have experience enough to know that no patient could have a diseased lachrymal canal that did not have a previous nasal catarrhal inflammation, yet not a word is given with regard to the treatment of the nasal passage or the nasal end of the duct, with the exception of a singularly incorrect direction given in the last four lines of this chapter, viz: "also to use mild astringents immediately after the operation, and especially after the use of the probes, and cause the patient to draw these through the lachrymal canal by blowing the nose smartly." To draw a remedy through the canal into the nose, the patient must make an effort directly opposite to the one that he recommends.

Our opinion is that the future oculist will trace the origin of almost every affection of the mucous membrane of the eye, and very many of diseases that seem to come from some fault of the ocular circulation, to a previous chronic inflammation of the nasal passages.

His description of the treatment of acute aural catarrh is good. It could only be improved by the addition of the recommendation of a few drops of solution of atropine, or of a warm mixture of laudanum and glycerine (the tr. opii. having its alcohol driven off by heat) dropped into the ear. We are pleased to see that he recommends the spray producer as a means of making applications to the posterior nares, but we are not so well pleased with the remedies to be applied. If he had left his partial anatomical description of the ear to Gray, and given an equal space to a clear description of the methods of making local applications to the nose and ear, he could have been called an author as well as a compiler.

THOS. F. RUMBOLD.

## ARTICLE XI.

## Books and Pamphlets Received.

Text-book of Practical Medicine, with Particular Reference to Physiology and Pathological Anatomy. By Dr. Felix Von Niemeyer, Translated from the Eighth German Edition, by special permission of the author. By Geo. H. Humphreys, M. D., and Charles E. Hackley, M. D. Revised Edition, Vol. I. 8vo. pp. 767, vol. II. 8vo. pp. 861. (New York: D. Appleton & Co. 1881. St. Louis: St. Louis Book and News Co.)

A Treatise on the Diseases of the Nervous System. By William A. Hammond, M. D., with 112 illustrations, Seventh Edition, rewritten, enlarged and improved. 8vo. pp. 919. (New York: D. Appleton and Co. St. Louis: St. Louis Book and News Co.)

On the Mont Dore Cure and the Proper way to use it, in the Rheumatic, Gouty, Scrofulous, Syphilitic, Tuberculous, Dartrous and other Morbid Constitutional States; also in Asthma, Consumption, Bronchitis, Emphysema, Naso-pulmonary Catarrh, and affections of the Throat, Chest and Mucous Membrane. By Horace Dobell, M. D., etc. 8vo. pp. 178. (London: J. and A. Churchill, 1881.) From the author.

The Principles of Myodynamics. By J. S. Wight, M. D. 12mo. pp. 162. (New York: Bermingham and Co. 1881.)

Medical Electricity. A Practical Treatise on the Applications of Electricity to Medicine and Surgery. By Robert Bartholow, A. M., M. D., L. L. D., with 96 illustrations. 8vo. pp. 262. (Phila: Henry C. Lea's Son & Co. 1881. St. Louis: St. Louis Book and News Co.)

The Digestion and Assimilation of Fat in the Human Body. An Epitome of Laboratory Notes on Physiological and Chemical Experience bearing on this Subject. By H. Critchett Bartlett. Ph. D., F. C. S. (London: J. & A. Churchill. 1881.)

Nasal Stenosis. Its Influence on Olfaction, Audition, Vocalization and Respiration and its Treatment. By J. O. Roe, M. D., (Reprinted from the *Medical Record* April 30, 1881.)

Clinical Studies on the Pepsical Peptones of Chapoteaut, Paris: 1881.

Announcement of the Twenty-first Annual Course of Instruction at the Bellevue Hospital Medical College. Session of 1881-1882, New York: 1881.

Clinical Illustrations of Favus and its Treatment by a New Method of Depilation. By L. Duncan Bulkley, A. M., M. D. (Reprinted from the *Archives of Dermatology* April 1, 1881.)

List of Food Stuffs Examined. By Ephiram Cutter, M. D., (Prepared for the *Medical News*.)

Simple Methods to Staunch Accidental Hemorrhage. By Edward Borck, M. D. (Reprinted from *Indiana Medical Reporter*, April, 1881.)

A Case of Exophthalmic Goitre, Recovery under Electrical Treatment. By A. D. Rockwell, M. D. (Reprinted from the *New York Medical Journal*, June, 1881.)

The Treatment of Strains and Sprains by Collodion. By A. N. Blodgett, M. D. (Reprinted from the *Boston Medical and Surgical Journal*, May 31, 1881.)

Nineteenth Annual Catalogue of the Medical School of the Missouri University at Columbia, Mo. From the report of 1880-1881.

Tenotomy in the Treatment of Congenital Club-foot, with a Tabular report of Fifty-two Cases, and Remarks Illustrating the Management of the Deformity. By Ap Morgan Vance, M. D. (Reprinted from the *Medical Record*, April 23, 1881.)

The American Medical College Association. Fifth Annual Meeting, held at Richmond, Va., May, 2 and 4, 1881.

Sixth Annual Announcement of the Meharry Medical Department of Central Tennessee College.

An Interesting Case of Malformation of the Female Sexual Organs; Representing either a rare variety of Hermaphroditism, or of Double Congenital Ovarian Hernia with Absence of Uterus. By Edward Swasey, M. D. (Reprinted from the *American Journal of Obstetrics and Diseases of Women and Children*, Jan. 1881.)

## ARTICLE XII.

## News Items.

The Royal Academy of Medicine of Belgium, offers a prize of 1,200 francs for the best essay on "The degree of utility of spectral-analysis in medico-legal investigations," to be determined by new experiments and applications. The time for presenting papers expires upon Dec. 31, 1882. Address all such papers with a motto to A. Thiernesse, secretary of the Belgian Academy of Medicine, Brussels, sending at the same time an envelope containing name and address and bearing outside the motto of the paper.

The conditions are numerous, among which, the paper must be written in Latin, French or Flemish; all quotations must be very exact, the editions and pages of authorities to be correctly quoted.

ANTIPODAL HONORS.—We copy the following from the *Oil Paint and Drug Reporter* of New York, May 11, 1881:

At the Worlds' Fair at Melbourne Australia, Messrs. W. H. Schieffelin & Co., of this city, received the first award of merit for their exhibit of pharmaceutical preparations, including fluid extracts, etc., and also for their soluble pills and granules. This recognition from the antipodes of the excellence of their preparations—which has long been conceded at home—must be exceedingly gratifying to the Messrs. Schieffelin, and is a matter of just pride to patriotic Americans generally.

Dr. Walter Wyman, formerly secretary of the St. Louis Medical society, assistant physician of the St. Louis City hospital, and physician of the United States Marine hospital at St. Louis several years ago, and now physician in charge of the U. S. Marine hospital at Cincinnati was visiting friends and relatives in St. Louis lately. The doctor has a leave of absence for three or four months, and has been temporarily assigned as a physician on a summer cruise of a United States government vessel in the revenue service, and will go to the principal ports in Southern and Southwestern Europe.

We have received the programme of the general arrangements, also containing information of the sections, daily programme and excursions of the International Medical Congress. It contains all the information which will be considered immediately necessary by foreign physicians.

Henry C. Lea's Son & Co., of Philadelphia, announce the early publication of "A System of Surgery," edited by Holmes and revised by Packard. It will be in three large volumes and well illustrated. Each department originally written by some distinguished English surgeon, will be thoroughly revised by an American surgeon who is thoroughly competent to perform the work in that special branch. It will be a thorough exponent of the present status of surgery. It will be sold by subscription only, the prices varying from \$6.00 to \$7.50 per volume, according to the style of binding.

Wm. Wood & Co., of New York, announce for the near future "The International Encyclopædia of Surgery," to be edited by John Ashurst, Jr. It will be in six volumes well illustrated and contributed to the most prominent American, English, French, German and Spanish surgeons. The publishers intend making it the most complete, thorough and practical work on surgery. This will also be sold by subscription only, the prices varying from \$6.00 to \$8.00 per volume, according to the binding.

The first quarterly meeting of the Madison County Medical Society will convene in Edwardsville on Tuesday, the 26th of July, at 9 o'clock A. M. Programme. 1st. President's address; 2nd. T. P. Yerkes, subject: Postural Treatment of Uterine Disease; 3d. A. M. Powell, subject: Surgical Malpractice; 4th. E. Guelich, subject: Anæmia, with Microscopic Illustrations; 5th. J. M. Armstrong, subject: Pneumonia; 6th. T. B. Spaulding, subject, Summer Complaint; 7th. Frank Worden, subject. Modern Obstetrics; 8th. Fiegenbaum, Gibson and others, subject, Reports of Cases from Practice.

The various committees have perfected their important work, and will report same for the Society's action.

E. C. LEMEN, M. D., President.

T. B. SPAULDING, M. D., Secretary.

The Twenty-third Meeting of the Mitchell District Medical Society of Indiana, was held at the Court House at Columbus, on Tuesday, Wednesday and Thursday, June 28, 29 and 30, and proved quite a success. All who attended were well pleased.

The Central Kentucky Medical Society meets at Crab Orchard Springs, on the third Wednesday of July, 1881.

We have received the Second Annual Announcement and Catalogue of the Northwestern Medical College of St. Joseph, Mo., for 1881-82. On the second cover page there is the ad of ———, undertaker, which seems to us to indicate more enterprise than regard for the high and tender feelings of the laity into whose hands this circular may come. No doubt the college and undertaker will be regarded as partners, for the prompt and effective delivery of patients under the sod.

## ARTICLE XIII.

## DEATHS AND RATE OF MORTALITY

*Per 1000 Inhabitants, Annually, in the Largest American and Foreign Cities,  
According to the Latest Returns.*

Indianapolis .....	75.074	"	"	"	26	17.4	
Springfield, Mass. ....	33.340	"	"	"	11	17.2	
Nashville, Tenn. ....	43.461	"	"	"	18	21.6	
Sacramento .....	21.500	"	"	"			
St. Paul, Minn. ....	41.498	"	"	"			
London .....	2,707.130	"	"	May 14,	1,427	20.1	50.7
Paris .....	1,988.808	"	"	" 21,	1,000	23.8	
Berlin .....	1,123.571	"	"	" 7,	477	22.1	48.0
Vienna .....	731.191	"	"	" 21,	478	29.1	66.9
Buda-Pesth, Hung. ....	270.037	"	"	" 15,	277	29.0	
Shanghai .....	3.000	"	"	April 12,	1	17.3	54.2
Cape Town, Africa. ....	35.000	"	"	May 9,	28	41.7	70.0
Liverpool .....	549.834	"	"	" 28,	257	24.4	58.0
Genoa, Italy .....	185.000	"	"	"	95	26.8	68.0
Calcutta .....	429.585	"	"	April 30,	263	31.9	87.3
Hamburg (state) .....	400.000	"	"	"	233	29.7	
Warsaw, Russia. ....	379.763	"	"	May 14,	148	20.0	75.6
Brussels .....	408.633	"	"	" 21,	164	22.6	59.6
Stockholm, Sweden. ....	178.433	"	"	" 14,	87	26.9	42.7
Dublin .....	883.401	"	"	"			
Lyons, France .....	842.815	"	"	April 20,	158	24.0	
Amsterdam .....	316.952	"	"	May 21,	158	26.0	56.0
Sheffield .....	304.988	"	"	" 28,	123	22.6	63.0
Leipzig, Saxony .....	151.616	"	"	" 21,	55	19.0	58.0
Breslau .....	373.000	"	"	" 7,	166	31.7	64.6
Copenhagen, Den. ....	235.254	"	"	April 26,	119	24.9	40.8
Christiania, Norway. ....	190.000	"	"	May 7,	49	15.2	
Alexandria .....	220.000	"	"	" 14,	136	22.2	
Dresden .....	220.216	"	"	" 22,	103	24.1	45.1
Bradford .....	197.19	"	"	" 14,	75	21.4	
Seville, Spain .....	138.000	"	"	" 6,	73	27.6	71.6
Tangier, Morocco. ....	15.000	"	"	"			
Rouen, France .....	104.309	"	"	" 28,	53	25.9	
Dundee .....	155.100	"	"	" 21,	49	16.5	49.1
Geneva, Switz. ....	50.233	"	"	"	30	30.0	
Prague .....	253.401	"	"	"			
Havana .....	195.437	"	"	April 16,	173	24.8	
Vera Cruz, Mexico. ....	20.000	"	"	May 21,	156	41.4	80.0

METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—JUNE, 1881.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum.
1	69.5	84.0	18	71.0	83.0
2	66.0	77.0	19	70.0	87.5
3	62.0	77.0	20	72.0	93.0
4	56.0	72.5	21	61.0	71.0
5	62.0	88.0	22	55.0	75.0
6	74.0	93.0	23	58.0	73.5
7	74.0	92.0	24	63.5	78.5
8	67.5	80.5	25	66.0	79.5
9	68.0	76.5	26	66.0	79.5
10	65.0	82.0	27	68.5	74.5
11	66.5	85.5	28	72.0	95.5
12	68.5	86.0	29	79.0	94.5
13	74.5	93.5	30	75.0	81.5
14	75.0	91.5	31	60.0	60.0
15	73.5	88.5			
16	76.5	96.0	Means.....	68.4	84.2
17	77.5	87.0	Monthly Mean.	76.3	

Quantity of rain, 2.76 inches.

MORTALITY REPORT.--CITY OF ST. LOUIS.

FROM MAY, 28, 1881, TO JUNE, 4, 1881, INCLUSIVE.

Leucocythemia .... 0	Childbirth..... 1	Convulsions & Trismus Neonatorum 15	Syphilis..... 1
Scarlatina..... 3	Inanition, Want of Breast Milk, etc. 6	Hydrocephalus and Tub. Meningitis. 1	Apoplexy ..... 2
Pyæmia & Septicæ 1	Alcoholism..... 2	Meningitis & Encephalitis .... 5	Dis. sem. gen. org. 1
Erysipelas ..... 2	Rheumat'm & Gout 0	Other Diseases of the Brain and Nervous System 14	Surgical Operation 1
Diphtheria ..... 2	Cancer and Malignant Tumor..... 7	Cirrhosis of Liver and Hepatitis... 1	Premature Birth 0
Membran's Croup. 2	Phthisis & Tuberculosis, Pulmon. 29	Enteritis, Gastro-enteritis, and Gastritis' ..... 10	Deaths by Suicide 4
Whooping Cough. 1	Bronchitis.. ..... 7	Bright's Disease and Nephritis... 8	Deaths by Accid't 13
Ovarian tumor.... 0	Senility ..... 4	Other Diseases of Urinary Organs. 0	Deaths by Homicide 0
Measles ..... 1	Pneumonia..... 6	Diabetes..... 0	Congen Defor'ty.. 8
Typhoid Fever.... 0	Heart Diseases... 10		Total Deaths from all Causes..... 219
Cerebro Spinal Fev 19	Other Diseases of Respir'y Organs 2		Total Zymotic Diseases ..... 62
Remittent, Intermittent, Typho-Malarial, Congestive & Simple Contin'd Fevers, 8	Metro- Peritonitis. 0		Total Constitutional Diseases..... 47
Puerperal Fevers.. 2	Marasmus—Tabes Mesenterica and Scrofula ..... 8		Total Local Diseases ..... 79
Diarrhoeal Disea's 9	Tonsillitis..... 0		Total Develop'tal Diseases ..... 18
Other Zymotic Diseases..... 1			Deaths by Viol'ce 18

CHAS. W. FRANCIS, Health Commissioner.



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**Original Contributions.****ARTICLE XV.**

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**DISEASES OF THE NASO-PHARYNX.** By W. DOUGLAS HEMMING,  
F. R. C. S. E., Bournemouth, England.

The affections of the naso-pharynx, assume somewhat more than merely local importance from the relations which the cavity bears to the nose, on the one hand, and to the ear on the other, from which it results that disease of this region impedes such important functions as those of hearing, respiration and speech.

Diseases of the naso-pharynx are by no means infrequent, and of late years, owing to improved means and methods of investigation, have received increased attention.

Owing to the continuity of the mucous membrane, and the intimate connection of this region with the neighboring parts and cavities, disease in the naso-pharynx is frequently dependent upon, caused by, or concurrent with similar affections of the nose, pharynx, ear, or larynx, while on the other hand, disease of any of these regions may have originated from an affection primarily situated in the naso-pharynx. The nose being the natural channel for respiration, the naso-pharynx, of course forms a part of the natural respiratory tract; anything, therefore, which causes swelling and alteration in form of the passages will have a corresponding effect on the free passage of air to the lungs and will impede proper nasal breathing. From the naso-pharynx also passes the Eustachian tube directly to the ear, forming a passage for the air to the tympanum, so that the proper degree of atmospheric pressure on either side of the drumhead may be maintained. "Impediment or abolition of the function of the Eustachian tube (closure from swelling of the muscles) produces primarily mechanical disturbance (rarefaction of the air, sinking in and increased tension of the tympanic membrane and the chain of aural bones, and with this, impairment of hearing, subjective manifestations of sound), and consecutively anatomical alterations (hyperæmia, dropsy and swelling *ex vacuo*) in the cavity of the tympanum."\*

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\*Wendt in Ziemssens' Cyclopædia. Vol. vii, p. 15.

Fully into the question of the aural complications, the limits of this paper will not allow me to go, but they will be found fully treated in the more complete text-books of Aural Surgery, especially Politzer's recently published work.

I now proceed to a brief consideration of the chief affections of the naso-pharynx, giving symptoms, causes and treatment.

**Catarrh of the Naso-Pharynx.—Post-Nasal Catarrh.**

One of the commonest affections of the naso-pharynx is catarrh, which may be either acute or chronic.

*Acute Catarrh* usually accompanies a like affection of some portion of the air-passages, and it generally originates in a "cold." There is produced great swelling and hyperæmia which is especially evident about the pharyngeal tonsil and the orifices of the Eustachian tubes, and hemorrhage is not infrequent. The mucous membrane is thickened in proportion to the intensity of the affection. The follicles are often much swollen, causing a granular appearance similar to that known as granular pharyngitis, and these follicles sometimes disintegrate causing small ulcers.

The glandular secretion is increased and the mucous membrane becomes covered with a tenacious, yellowish-grey exudation.

The chief subjective symptoms complained of are those of obstructed nasal respiration, dryness of the back of the throat, alteration of the voice, and a constant hawking in the endeavor to clear away the secretion; if the ear be affected there will be deafness, tinnitus and probably some pain. On examination, the mucous secretion may be seen hanging down from behind the soft palate and adhering to the posterior wall of the pharynx. The rhinoscope will show the reddened, hyperæmic and swollen state of the parts, and digital examination may enable the observer to detect a thickened and granular condition.

The course of the affection may go on to a more or less speedy return of the normal condition, or it may pass into the chronic form. Often, however, after the naso-pharyngeal trouble has apparently disappeared, the auditory apparatus may remain affected.

With regard to treatment, the employment of the nasal douche either anterior or posterior, will be of value; solutions of common salt, being perhaps the most useful. Astringents are

rarely advisable in the acute pain. Attention should be early directed to the ear, and inflation by Politzer's method, practised regularly, as by this means, the consequences of protracted rarefaction of the air in the tympanum may be warded off.

Inhalations of steam, either plain or medicated, are of value in relieving the dryness and reducing the swelling; the inhalation should be taken by the nose as well as by the mouth, and when the auditory apparatus is affected, the vapor should be forced through the Eustachian tubes by Valsalva's method.

As to general measures, those usually adopted in catarrhal affections should be here employed. Free diaphoresis should be induced, and the vapor baths are often of value.

The tendency to naso-pharyngeal catarrh may be combated by preventive measures, which will consist in the avoidance of sudden changes of temperature, of residence in close and unhealthy atmospheres, etc.

*Chronic catarrh.*—This, like the acute form of the affection, occurs less frequently alone than in connection with a similar condition of the nose, pharynx, and middle ear. More usually than not it is consecutive to an acute catarrh, but it may come on gradually and insidiously, without the patient ever having suffered from the acute form, or it may be connected with some constitutional condition or diathesis, as tubercle or syphilis.

The condition produced by chronic catarrh resembles that of the acute form in a somewhat modified degree; hyperæmia, perhaps hemorrhage, swelling and thickening of the mucous membrane, enlargement of the follicles, increased secretion from the mucous glands, which often assumes a very dense, tough consistence, and the occasional formation of cysts.

The symptoms, of course, vary in severity in proportion to the amount of thickening and secretion; the tenacious masses hanging about cause impediments to nasal respiration and affect the speech, preventing the proper pronunciation of so-called nasal sounds. The patient complains of weight in the head, a feeling of stuffiness and of the constant presence of a foreign body at the back of the throat, which he is perpetually endeavoring to remove by hawking. The symptoms are aggravated in the morning, because the secretion has collected during the night, and the patient often wakes in a very miserable condition of stuffiness, dryness and headache.

The affection may last for an almost indefinite time with

occasional intervals of aggravation or improvement, the latter being usually, however, only transitory, and the patient relapsing into his usual miserable state. Sometimes, if the affection be allowed to take its course unchecked, hypertrophic change takes place in the naso-pharynx itself, and the middle ear becomes seriously affected, from the continued interference with the proper ventilation of the tympanic cavity.

The hypertrophy may be either general or partial, and is more especially evident in the adenoid or cytogenous tissue, though there is also an increase of the connective tissue. General hypertrophy causes great increase in the thickness of the tissues, and diminishes in size the naso-pharyngeal cavity, thus causing considerable interference with speaking and hearing.

When the hypertrophy is partial and circumscribed, it assumes the form of distinct growths of adenoid tissue. These "adenoid vegetations" were first clearly described by Meyer of Copenhagen, and have since been studied by Loewenberg, of Paris,\* whose works contain a very full account of them, especially in respect to their effects on the functions. The observations of these authors show that as the result of chronic catarrhal inflammation of the naso-pharynx, there are found growths containing "besides dilated mucous glands, enlarged closed follicles, and the meshes of the fundamental connective tissue dotted with a large number of the so-called lymph capsules. These vegetations are either comb-shaped or tongue-shaped, or have a conical or globular form, and they are usually found on the upper wall of the pharynx, whence they often extend into the choanæ, thus interfering with the permeability of the nasal cavity†."

As I said before, chronic naso-pharyngeal catarrh is essentially a disease of long continuance, its duration if left to itself being literally indefinite. In the majority of cases, however, considerable improvement, if not actual cure, may be effected by suitable treatment, the aim of which, as Wendt says, must be "to secure careful removal of the secretions, decrease in the amount of secretion, and cure of the swollen condition."

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\*Les Tumeurs Adenoides du Pharynx Nasal, by Dr. B. Loewenberg. Paris: Delahaye, 1879.

†Politzer—Lehrbuch der Ohrenheilkunde, Vol. i. p. 349. Stuttgart: F. Enke, 1878.

To fulfil these indications, the frequent and regular employment of gargles and douches is necessary. With the douche, either anterior or posterior, the latter being, I think, the more efficacious, the parts should be daily cleansed with a solution of salt and water, or bicarbonate of soda, and then astringents may be applied in the same manner, sulphate of zinc ( $\frac{1}{4}$  grain to 1 oz.) being a good form. Other solutions for use with the douche are permanganate of potash, tannic acid, and carbolic acid. It should be remembered that Dr. Roosa, and other American authors, have shown that inflammation of the middle ear may be set up by the use of the anterior nasal douche, especially if the current be allowed to flow with much force.

Vapor inhalations are of undoubted value in this disease, especially when the ear is affected, when they should be used by Valsalva's method. The most useful inhalations are those of aldehyde, ammonia, benzoin, creasote, pine oil, and thymol.

The application of remedies directly to the parts by the means of a brush, sponge, or cotton-wool, or a suitably bent stem, is also serviceable. Great thickening of the nasal and naso-pharyngeal mucous membrane often yields to iodoform, either mixed with vaseline and applied with a brush, or inserted in the form of powder on cotton-wool.

In the treatment of disease of this region, Dr. Woakes has introduced various forms of medicated cotton-wool, which he has found very efficacious. The cotton-wool is saturated with a solution containing the remedy, and is then dried and ready for use. In applying it to the post-nasal space, Dr. Woakes adopts the following plan: "The quantity of wool determined upon is twisted spindle-shaped but loosely upon a piece of thread, the thin ends are brought together and knotted. Thus the spindle-shaped pledget of wool is doubled on itself and secured firmly to the thread, having now a pear-shape, the stalk being represented by the ends of the thread. A probe is engaged in the wool, and made to conduct it along the floor of the nose as far backwards or upwards as may be necessary. The process being repeated on the other nostril, the threads from each are tied into a knot just below the nose, to secure the wool from passing down the pharynx. In the morning, supposing the application to have been made over-night, they can be withdrawn by pull-

ing on the threads."\* Iron, tannin, kino, and alum, as astringents; camphor as a stimulant, and iodine and iodoform as absorbent stimulants and antiseptics, are amongst the most useful drugs prepared in this way.

When the thickening of the mucous membrane is very great, and when the so-called adenoid vegetations are numerous and considerable, cauterisation will be required. This may be effected by means of points charged with solid nitrate of silver, though this remedy is not of much use if the growths are of large size. They may be removed by means of cutting forceps, such as those devised by Dr. Loewenberg, and figured in his monograph already referred to, but probably the most expeditious and effective method of removal is that by the galvanocautery.

Constitutional treatment must not be forgotten; for causing the disappearance of growths actually formed, such measures are not of much value, but they are of great use in combatting the general catarrhal condition.

General tonic remedies, sea-air, iodide of potassium, arsenic in small doses, chloride of ammonium, are all of value in certain cases, and it may be necessary to ring the changes upon them. Any special constitutional condition must, of course, be met by appropriate measures, and to ensure perfect cure avoidance of exciting causes and careful prophylaxis is essential.

*Dry Catarrh.*—There is a form of catarrh in the naso-pharynx and pharynx characterised by dryness of the mucous membrane, and known as pharyngitis sicca. It is due to a diminished nutrition of the parts, is more common in old age, and may succeed to a chronic disease of the parts. The cause is apparently an atrophy of the mucous membrane, which on examination is seen to be dry, pale, anæmic, and shining. Some dilated and varicose veins may be seen winding upon it. When the affection is in the naso-pharynx, it may extend over the entire cavity, or may be confined to some limited spot, as the tonsils or one or another of the walls. The shrinking away of the tissue in the immediate neighborhood of the Eustachian orifices, causes these openings to gape.

With regard to the cause, Dr. Shurly, of Detroit,† looks upon

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\*Deafness, giddiness, and noises in the head. By E. Woakes, M. D. Second edition, page 180.

†Archives of Laryngology: Vol. I., No. III., p. 228.

atrophic pharyngitis as not "always an ultimate result of chronic pharyngeal catarrh or folliculous pharyngitis, nor an accompaniment of old age, nor a condition depending upon so-called scrofula, but a local change which depends not only upon previous disease of the mucous membrane, but upon some peculiar constitutional defect also." He has frequently found either functional or organic derangement of the stomach, or allied organs, and occasionally a constant tendency to rheumatism.

The symptoms of the affection are often not very well marked. When it is situated in the naso-pharynx, the patient may complain of a sense of discomfort in the head, and dryness of the nostrils. Examination reveals the condition of affairs.

Treatment must be directed to alleviating symptoms, and to the regulation of the *primæ viæ*. Dr. Shurly says special attention must be given to the promotion of the digestion, and assimilation of food. Tincture of columba and arsenic are useful. When the hepatic and intestinal secretions are perverted "in addition to general tonic treatment, the use of several large doses of ammonium chloride or sodium phosphate yields excellent results."

Locally the nasal douche should be used with warm milk and water or salt. Dr. Shurly has found galvanism useful in three cases. Anything which tends to keep up the condition, as exposure to impure air, etc., must be avoided.

#### **Abscess of the Naso-Pharynx.**

Phlegmonous inflammation may occur in this region, in which case there will be great hypertrophy and swelling, with parenchymatous suppuration. This is usually caused by some traumatic influence as operations, cauterisations, or the application of caustic fluids, as in a case of Wreden's, which was due to strong liquor ammoniæ having been inadvertently poured into the nose, whence it penetrated to the naso-pharynx and into the Eustachian tube and tympanum of one side.

Suppuration of the naso-pharynx may also occur in the course of small-pox.

The treatment of such conditions must be on the principles applicable to similar states elsewhere, free outlet for pus, when its presence is ascertained, being, of course, an essential and important element.



**Tubercle of the Naso-Pharynx.**

In cases of tuberculosis the naso-pharynx, being a portion of the respiratory tract, may, of course, be implicated, and in various ways. In the early stage of phthisis there may be simply anæmia similar to that which is present at the corresponding period, in the pharynx and larynx. Some authors affirm that in the earliest stage of phthisis there is always anæmia of the pharyngeal mucous membrane, frequently associated with hyperæsthesia. Concurrently with the deposit and growth of tubercle in the lungs or elsewhere, a catarrhal state of the naso-pharynx, is frequent, and may be either simple or follicular, extending usually into the lower pharynx.

The follicular catarrh, which is sometimes accompanied with considerable swelling, may go on to suppuration, the formation of abscesses and ulcers, with ultimately cicatricial contraction.

There is a form of inflammation of this region known as tubercular, or scrofulous pharyngitis, which frequently accompanies tubercular processes in other parts, but it is not exclusively connected with the tubercular condition, occurring also in syphilis and even in persons otherwise healthy. It is characterized by inflammation of the follicles, which become dry and caseous, then break up and ulcerate, giving rise sometimes to extensive destruction of tissue. This is more frequent in the lower pharynx than in the naso-pharynx, and will be spoken of later on.

In advanced tuberculosis, ulcerations in the naso-pharynx are not uncommon, but they do not run to much size. In some cases the actual existence of miliary tubercle in the ulcers, and in the immediate neighborhood, has been demonstrated.

The treatment of tubercular disease of this region resolves itself (of course in addition to the treatment of the constitutional condition) into attempts to alleviate distressing symptoms. One of these is usually pain, and this may be relieved by soothing and narcotic applications and inhalations. Among the latter those of benzoin, aldehyde, chloroform, and lupulin, may be of service, and for topical application solutions containing morphia, with or without chloride of zinc. Carbolic acid and glycerine (1 in 150) has also sometimes caused temporary amelioration. Strong caustics are not to be recommended, nor am I in favor of the use of insufflations of powder in the naso-pharyngeal region. When the condition is merely one of



catarrh, accompanying tubercle elsewhere, the measures advised for catarrh will be applicable.

**Syphilis in the Naso-Pharynx.**

Knowing how frequently the throat suffers in syphilis, we may expect that the naso-pharynx will frequently be affected by extension. In many cases of syphilis there is some catarrh of the naso-pharynx and this may go on to destructive inflammation, ulceration and cicatricial contraction, and adhesion. The rhinal mirror will often reveal ulceration in various parts of the region, on the vault of the pharynx, on the anterior, posterior, and inferior walls, and on the pharyngeal tonsil. It seems, however, clear that the naso-pharynx does not suffer in syphilis nearly so frequently as the lower pharyngeal region and the palate, though Wendt says, that "in three-eighths of the cases in which decided syphilitic diseases existed in other mucous membranes, in the skin, or in the bones, or where the evidences of such diseases were visible, the naso pharyngeal space was also implicated in one way or another." The openings of the tubes frequently suffer constriction either from cicatricial contraction or condylomatous vegetation, and Gruber has described one case in which one Eustachian tube was completely occluded by cicatrices after syphilitic ulceration.

The symptoms of syphilitic ravages in this region are often vague, but there may be pain, sometimes severe, and shooting towards the ears, headache, deafness, tinnitus, and fœtor of the air expired through the nostrils, especially when the disease has extended to the bones.

The history of the case, the appearances seen on examination with speculum and mirror, the condition of the neighboring glands, etc., must be called in to aid in the diagnosis.

Treatment must be mainly constitutional, and suited to the stage of the disease. The parts must also be kept thoroughly cleansed, and nasal douches of chlorate of potash, permanganate of potash, and carbolic acid are valuable for this purpose.

Inhalations may be employed as recommended in catarrh when the state is a catarrhal one, and local applications by means of suitably curved brush or sponge may be applied by the aid of the rhinal mirror to the diseased and ulcerated parts. Sulphate of copper (15 grains to 1 oz.) is probably the best application to syphilitic ulcerations, or solid nitrate of silver may be applied.

**Morbid Growths of the Naso-Pharynx.**

In addition to the adenoid vegetations already described as frequently occurring as a result of chronic catarrh of this region, there are found various forms of *naso-pharyngeal polypi*, mucous, fibrous, sarcomatous, enchondromatous, or carcinomatous.

The symptoms caused by the presence of tumors in this region principally affects the speech and respiration. Should they be large enough and so situated as to depress the velum, deglutition will also be interfered with.

Examination by speculum, rhinoscope and the finger passed behind the palate will reveal the presence, situation, and size of the tumor.

Treatment consists merely in removal by forceps, ligature, *ecraseur*, or *galvano-cautery*. Into the details of the various operations required for the purpose I cannot here enter, but must refer to more elaborate works on general and special surgery, such as my friend, Mr. Spencer Watson's valuable work on diseases of the nose.

**Foreign Bodies in the Naso-Pharynx.**

The incursion of foreign bodies into the post-nasal space is not common. Children not unfrequently force marbles, beads, etc., into the nostrils, and in endeavoring to extract them they may be pushed back into the naso-pharynx; in this case, however, they would probably fall down into the pharynx, and be either swallowed or expelled by coughing and retching.

In vomiting some portion of the contents of the stomach may be forced above the soft palate into the naso-pharynx. Cases have been recorded, some quite recently, in which *ascari-des* and other intestinal parasites have been found in the Eustachian tubes and middle ear. These have probably been forced in the act of vomiting into the post-nasal space and have thence crept into the orifice of the Eustachian tube.

The presence of foreign bodies in this region will be ascertained by use of the speculum and rhinal mirror aided by digital examination, and the offender may in some cases be easily removed by the finger inserted behind the soft palate. Each case, however, will probably exercise the ingenuity of the surgeon in devising means for its removal.

ARTICLE XVI.

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**GASTROSTOMY.—ESTABLISHMENT OF A GASTRIC FISTULA IN A CASE OF STRICTURE OF THE ŒSOPHAGUS.\*—By FRANK J. LUTZ, A. M., M. D., of St. Louis.**

**MR. PRESIDENT AND GENTLEMEN:**

Given a case of malignant stricture of the œsophagus, below the neck, what course are we to pursue?

Unfortunately, the efforts of the surgeon must as yet be limited to nourishing the patient; and the best method of introducing food is a problem not yet solved.

If we examine writers on this subject we will find that catheterization and alimentation per anum are, as a rule, recommended as means of sustaining life, whereas the establishment of a gastric fistula for the purpose of introducing food is either not made mention of at all, or else it is referred to as a procedure not yet sanctioned by experience.

The dangers attendant upon the use of bougies for the purpose of dilatation, and for the introduction of nourishment, far outweigh any possible good that may result. The possibility of pushing an instrument through the walls of the œsophagus, and thus passing the food into the mediastinum, instead of into the stomach, at once presents itself. In addition, experience has taught that repeated irritation of the neoplasm hastens its spread and precipitates putrefaction of the mass.

As Agnew† says, when speaking of the treatment of malignant stenosis of the œsophagus:

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\*Read before the Missouri State Medical Association at Mexico, May 17, 1881.

†The Principles and Practice of Surgery. By D. Hayes Agnew. Vol. II, p. 1021.

"When the obstruction has been traced distinctly to a malignant cause, the use of bougies should be discarded. I am fully convinced that in such cases instrumentation of any kind is an unmitigated evil."

How much rectal alimentation lacks of compensating for nutrition through the stomach, all know, who for some reason or other have been compelled to resort to its use for any length of time. The attempt to nourish this class of patients by enemata is almost hopeless. (Niemeyer.)

It is therefore quite natural that surgeons should seek for some other method of introducing nourishment, which is free from these dangers, and not open to the same objections. This brings us to the consideration of the establishment of a gastric fistula.

I regret very much that the time and the opportunity to carefully collate all the cases in which this operation has been performed for the relief of malignant stricture were not at my command for I should then have been able to present to you in a more tangible form such deductions regarding the mortality and the results following this procedure as can be drawn from statistics. But like in operations of similar importance, the recorded cases would not represent those actually operated upon. Approximately, it may be said that the operation has been performed for cancerous stenosis about sixty times since Sedillot, in 1846, first suggested it for deep-seated impervious strictures. The results heretofore obtained have been anything but flattering, the majority of the patients died within five days after the operation. Among those who survived this period may be mentioned—Buchanan's\* case, who lived thirteen days; Kuester's† patient survived the operation fourteen days; Sidney Jones'‡ forty days; Kroenlein's|| two months; Schoenborn's§ three months; one of Trendelenburg's¶ ten weeks; Studsgaard's\*\* six months; Elias'†† case was alive eight months after the perfor-

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\**London Lancet*. American reprint. March, 1881.

†*Verhandlungen der Deutschen Gesellschaft fuer Chirurgie*. Vol. VI, p. 103.

‡*London Lancet*. American reprint. July, 1875.

||*London Medical Record*, January 15, 1880.

§*Verhandlungen der Deutschen Gesellschaft fuer Chirurgie*. Vol. VI. p. 248.

¶*British Medical Journal*, January 14, 1879.

\*\**Medical Times and Gazette*, June, 1880.

††*Medical News and Abstract*, December, 1880.

mance of the operation. The case upon which it was my lot to operate is now, six months after the operation, alive, well nourished, and as comfortable as could reasonably be expected.

Discouraging as these results may appear, they are, when properly analyzed, really encouraging, for they point out unmistakably the causes of the failure hitherto attendant upon the operation, and how to avoid them. In but a very small percentage was death due to that most dreaded sequela of all abdominal operations—peritonitis. Exhaustion or rather the disease, carried off the others. This at once suggests the conclusion that gastrostomy, even in cachectic subjects, is not of itself a dangerous procedure, and this view is strengthened by the almost uniform good results obtained when it is resorted to for the removal of foreign bodies from the stomach, or for the relief of cicatricial stricture of the œsophagus.

On the other hand, if we consider that unless a gastric fistula is established death by starvation is inevitable in these cases, in spite of the nutritious enemata and the hazardous introduction of food through the stricture, much worse results than those hitherto obtained, ought not to deter the honest surgeon, who thinks more of humanity than of statistics, from giving his patient the benefit of the operation.

To what, then, must the ill success which has followed the operation be attributed?

Magendie has shown that animals who are deprived of food, or but very imperfectly nourished, cannot, after the lapse of a certain time, be kept alive, even though their former nourishment is again allowed them; and, moreover, that they die after this time, in spite of their return to their accustomed food, just as though they had been starved or fed on an insufficient supply of nutriment. The digestive and assimilative processes do not respond, with but very few exceptions, the patients upon whom the operation was performed had been suffered to emaciate to a degree which baffled all efforts at resuscitation, or else they themselves had put off operative interference until their digestive apparatus was no longer capable of digesting and absorbing the food introduced. Hence, one of the essential requisites to success is the early performance of the operation, before the local disease has been aggravated by the constant passage over it of the various articles of diet, and before the powers of the system are exhausted by the systemic infection, and by long

withholding of food. So soon as the surgeon recognizes the nature of the disease—and the symptoms are usually such when the patient is first seen as to leave little room for doubt—he should at once advise the establishment of an artificial opening into the stomach.

How much the operation can accomplish when thus early performed, how comfortable the patient can be made and how much the influence of the neoplasm upon the system at large can be curtailed, will appear from the narrative of a case, for the recital of which I will ask your kind indulgence.

E. Hunecke, æt. 58, a German tailor, consulted me for the first time on the 28th of October, 1880, and gave the following history of himself and his sickness. His father died at the age of sixty of phthisis and his mother of dropsy when sixty-five years old. He has one living brother who is sixty-two years of age and perfectly healthy. Of a younger brother he remembers that he had some disease of the cranium, which resulted in the loss of considerable bone (necrosis) and which the doctors called cancer. He ultimately, however, made a good recovery. He has never suffered from any venereal disease, and so far as other diseases are concerned he has never been afflicted with any serious organic trouble. About July, 1880, he experienced some difficulty in swallowing, especially dry food, which seemed to lodge somewhere in the chest, but with the assistance of liquids he generally succeeded in clearing the passage. Three times after swallowing pieces of meat he fainted, after they had reached the place where his food usually lodged, and after regaining consciousness the morsel had passed into the stomach. He sought medical assistance, and his case was declared to be one of dyspepsia, for which he was treated, but with no relief.

*Status presens*: Patient is moderately emaciated, of a peculiar yellowish complexion. His bowels are regular; complains of a want of appetite, and when he swallows large boli of food they lodge about the middle of the sternum. Does not vomit, but complains of pain in the epigastric region and along the left lower half of the sternum. Liquids readily pass the obstruction, but solid food must be finely masticated to be swallowed with ease.

Physical exploration of the abdominal viscera reveals nothing abnormal; has a slight cough, and mucous râles on both sides of the thorax.

On introducing an œsophageal bougie it meets with a slight obstruction about three inches before it enters the stomach, but the instrument readily passes the stricture. No appreciable glandular involvement.

*Diagnosis*: Incipient stricture of the œsophagus in the lower third, probably malignant.

For two weeks the patient was kept upon a nourishing diet, such tonics as the symptoms demanded, and for his cough expectorants were administered.

November 8th, the following is the record: Cough considerably diminished, difficulty in deglutition about the same; complains of considerable pain in the chest.

The patient, who is rather intelligent for one of his station in life and of a very philosophic turn of mind was advised of the nature of the case and its inevitable issue—death by starvation. It was explained to him that life could only be prolonged and made comfortable, but that his disease was not curable. The different methods of alimentation and their relative value were freely discussed with him, and he unhesitatingly decided in favor of the establishment of a gastric fistula, which operation was accordingly performed, under antiseptic precautions, at 11 o'clock A. M., of the 15th of November, with the assistance of Drs. Wessler, Hickman, Fuhrmann and Mr. Miller a medical student. Before the anæsthetic, chloroform, was administered, the patient was directed to swallow a saturated solution of sod. bicarb. which, by the generation of carbonic acid gas and thus distending the stomach, afterwards greatly facilitated finding that organ.

An incision was made two inches in length, running from right to left in a diagonal direction, parallel with the cartilage of the eighth rib and at a distance of one and a half inches from the margin of the ribs. Before the peritoneum was opened it became necessary to ligature the superior epigastric artery. After the abdominal cavity was opened the left lobe of the liver and the distended stomach presented themselves. The latter was readily recognized and fixed in the opening at a point corresponding best with the incision, by two acupuncture needles stuck through it transversely and resting crosswise on the outer surface of the abdomen. By means of fourteen wire ligatures, which surrounded a piece of the stomach wall in the form of a circle an inch and a quarter in diameter, the stomach was attach-

ed to the abdominal wall, care being taken to pierce the stomach in its entire thickness, the abdominal peritoneum and the abdominal wall. The stomach was then incised within the circle of sutures, and two small blood-vessels of the stomach which bled profusely were tied, and the incision closed by means of a plug of carbolized gauze. The wound was then dressed antiseptically. Patient rallied well after the operation.

8½ p. m., pulse 72; temperature 97½°; feels weak, but is quiet; skin moist; no vomiting. Ordered quin. sulph. grs. x., and opii. pulv. gr. ss, with an ounce each of beef tea and whisky per rectum.

8½ p. m., perspired freely; pulse 78; temperature 98°. Drew off ʒiv. of straw colored urine; complains of thirst, but tongue is moist. Ice pills and enema repeated.

November 16th, 7 a. m., pulse 78; temperature 99½°; passed a comfortable night; much thirst; continued ice pills and ordered enema repeated.

9 p. m., temperature 99°, pulse 84; has been sucking ice all day, but still complains of thirst; slight tenderness over the wound; tongue coated; skin moist; ice bag applied over wound; enema repeated. During the night an injection of luke warm water to produce an evacuation.

November 17th, 7½ a. m., pulse 80, temperature 98½°. The injection was followed by two evacuations of normal color and consistency. Ordered the nutrient enema repeated.

2½ p. m., temperature 99½°, pulse 84; is just awake from an hour's sleep; is very thirsty and says his stomach feels empty. Allowed him to take two ounces of milk and a drachm of brandy by the mouth.

7 p. m. temperature 99°, pulse 84. Has repeated the milk and brandy; feels comfortable but thirsty. Ordered nutrient enema repeated.

November 18, 7½ a. m., pulse 78, temperature 98½°; passed a restless night; suffered much from thirst. Milk ʒij. per os; quin. sulph. et opii. pulv., per rectum.

2½ p. m., pulse 84, temperature 99°; has noticed gases passing through fistula.

7 p. m., pulse 78, temperature 98½°; has been very comfortable all day; has less thirst; tongue moist and slightly coated; evacuated bladder and bowels voluntarily.



November 19, 9 a. m., temperature 98°, pulse 84; has coughed considerable during the night. Expectoration consists of thick, yellow, tenaceous mucus. Changed dressings for the first time under spray. So far as can be observed the stomach has been united with the abdominal wall. One suture which is loose is removed. There is considerable tenderness around the margin of the wound, which extends into the left lumbar region. Mucous membrane of the stomach is everted. Brandy and beef tea āā. 3j. were injected per fistulam.

1 p. m., patient is again fed through the fistula with rare-done beef, which he has first masticated; an ounce of brandy was also injected.

6 p. m., has sleep for an hour and a half after his dinner. Food is again introduced through the fistula, together with quin. sulph. grs. v; bis. subnit. et lacto. pept. āā. grs. x; tinc. nux vom. min. x. Thirst considerably abated.

November 20th, patient passed a comfortable night. On opening the dressings it was found that some of the food had escaped through the fistula, the plug having been forced out during a spell of coughing. Five sutures were removed. Patient was fed three times to-day per fistulam. Raw eggs, soup and rare-done beef being his food. In the evening he expressed a desire to defecate. Ordered an enema of tepid water, which was followed during the night by three copious evacuations.

November 21. There is an unhealthy blush about the wound, especially along the cartilages. No food per fistulam. During the day he coughed considerably, and toward evening he complained of much pain in the back and in the wound during his paroxysms of coughing. Ordered quin. sulph. grs. v., morp. sulph. gr. ½ every four hours per rectum.

November 22. Left half of wound beginning to slough, presenting a deep cavity. Fluids run from the stomach through the fistula; tongue covered with a thick, dirty, yellowish fur; no evacuation since yesterday. Ordered hyd. chl. mit. in ½ gr. doses and cit. mag. Dressed wound with carbolized oil. No food per fistulam. The patient, not having emptied his bladder during the day was catheterized in the evening.

After eight days the wound had entirely healed by granulation and feeding per fistulam was again resumed, and with the exception of a day occasionally, when he suffered from indigestion, he was fed three times a day until the present time.

On February 25th, I find the following in my record. Patient drove with me to a photograph gallery, about a mile from his house to have his picture taken. Walks out whenever the weather permits; has gained flesh and strength, but complains of much pain in the chest near the junction of the middle with the third lower sternum, and also of gradually increasing difficulty in deglutition. He has of late been unable to swallow anything solid, not even rice soup. Liquids pass without much trouble, but seem, nevertheless, to be detained for a little while at the seat of pain.

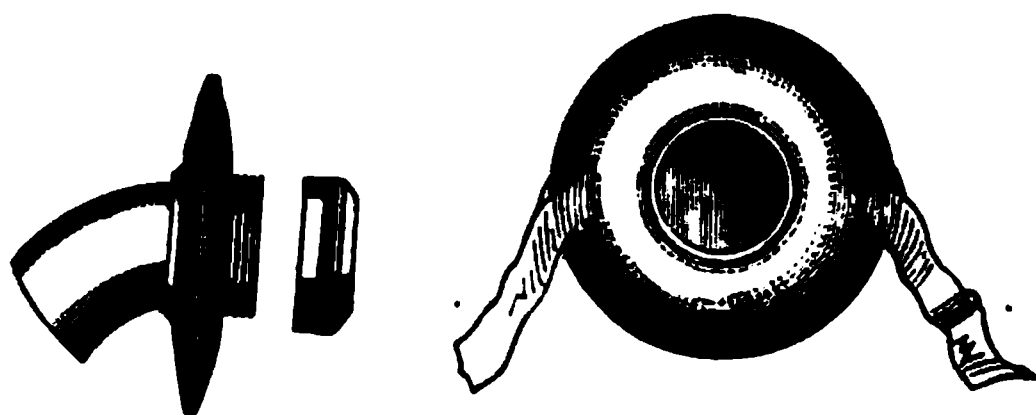
March 15th. Has been suffering for almost a week with indigestion and diarrhœa, which yielded, however, to bis. and lacto. pept.

April 19th. For the last month patient could not swallow liquids with ease, but has felt strong, and is on his feet much of the time, passing much of his time out of doors.

May 8th. Patient visited me to consult me for a slight ulceration which had formed at the juncture of the mucous membrane and skin of the fistula. Although very small, is exceedingly painful, more particularly when he is being fed. Argenti nitras was applied to it, and he was directed not to wear his obturator

The difficulty which others have experienced in obtaining a perfectly fitting obturator, which could be worn on the fistula, I have been able only partially to overcome. After devising quite a number of instruments, I found that the one, of which I pass the drawing around, answered the purpose best. It

Fig. 1.



must not be supposed, however, that this instrument can be worn continuously with comfort. For the most part he wears

between meals and at night, a plug of lint in the fistula, which allows him to move about freely without pain. As you see, it is shaped like a tracheotomy canula, without the internal tube, and is closed by means of a cap. When the patient wishes to eat, the external œsophagus, a rubber tube about twelve inches in length, is attached to the obturator. All his food whether solid or liquid, is first thoroughly masticated and insalivated, and, instead of being swallowed, it is spit into the rubber tube and thus passes into the stomach. The insalivation of food I have

Fig. 2.

Fig. 3.

found to be of great importance. Nourishment without being mixed with saliva always lays heavily on the stomach, and liquids do not seem to quench his thirst near so well when poured into the stomach as when they are first taken into the mouth.

My professional duties did not permit me to utilize to its fullest extent this fistula for the purposes of physiological investigation and experimentation. This, however, I have observed, that among other interesting phenomena, that so soon as the patient began to masticate food, gastric juice flowed freely through the unprotected fistulous opening.

The question now arises, was this patient really benefitted

by this operation? Was his condition ameliorated? Was his life prolonged?

According to Siegfried Fisher\* who has analyzed thirteen cases of cancer of the œsophagus, occurring in the surgical clinic and private practice of Prof. Rose, of Zuerich, the average duration of the disease from its incipency until death, is seven months. Only he, whose lot it has been to have a case of this kind entrusted to his care, has an adequate conception of how miserably and utterly wretched the weary days and hours are spent until "death closes the scene," only can he picture to himself the horrid pangs of death by starvation. Compare on the other hand the six months already spent by this patient. By means of a nourishing diet, the avoidance of irritation of the new growth, and the administration of such remedies as seemed suited to the condition of the patient, the spread of the disease has been retarded, the systemic infection has been reduced to a minimum, and with the exception of the pain in the chest, which is a direct result of the neoplasm, he suffered very little, and, although death is inevitable, yet it has lost many of its horrors to the patient, and to judge from his present condition, many a day will pass before he will be summoned to shuffle off this mortal coil.

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Unfortunately, the expectations, expressed at the conclusion of the above paper, although they were perfectly justified by the condition of the patient when the essay was read, were not fully realized as the following record will show:

June 15th. Patient complains of much pain in the chest and since yesterday has much cough and expectorates large quantities of muco-purulent matter, large mucous râles on both sides of the chest.

June 20th. Cough and expectoration continue and the fistula is extremely painful owing to the herpetic eruption which surrounds the opening for about an inch and a half. The inflammation of the skin is intensified by the constant flow over it of gastric juice, for the fistula can be only partly closed by means of a plug of lint.

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\* Deutsche Zeitschrift fuer Chirurgie Bd. iv. Hft. 3 and 4, 1881.

The introduction of the obturator gives him great pain and he therefore allows himself to be fed only once a day and then will take but very small quantities. He is beginning to emaciate considerably and passes sleepless nights on account of the pains in his chest and about the fistula.

July 2nd. Patient died of exhaustion. For the last ten days he has taken but little food. To the very last he complained very much of thirst, which nothing could quench.

In spite of strenuous efforts I could not obtain the consent of his relatives to make a post-mortem examination.

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#### ARTICLE XVII.

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DERMOID CYSTS OF THE OVARY.\* By N. M. BASKETT, M. D., of Moberly, Mo.

Amid the many freaks of nature, which the physician and histologist are frequently called upon for explanation, perhaps none is so rarely met with and less studied by the profession at large, than the form of tumor, which is the subject of my paper. Not frequently during the course of a life-time practice does the physician meet with them, and then almost always as the result of post-mortem investigation. As they are frequently, if not always congenital in the region of the ovary, there are no distinctive symptoms by which the medical man can diagnose their existence. And if, as in the last few years, ovariectomy should be performed, it is generally due, to some complication which arises in connection with the condition which previously existed in the ovary.

The *locale* of the dermoid cyst is not confined alone to the ovary, but may exist in any portion of the body. Its favorite haunt is the ovary and the scrotum. Its name is derived not only from its ingredients but also from the character of cell formation which exists upon the internal wall of the cyst. These are distinctive in character; of a true epithelial nature they possess the power within themselves of reproducing all

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\* Read before the Moberly District Medical Association.

the forms of tissue which spring naturally from the epithelial cell. The process then is not so much abnormal as physiological, except that nature produces these growths in an abnormal situation. If we consult the physiological production of the foetus in utero, we shall find an explanation for the growth of dermoid products in situations other than those in which they exist. We will suppose that the ovum by the rupture of the Graafian follicle has escaped from the ovary, and assisted by the cilia lining the fallopian tube is on its way to the uterus. In the uterus an albuminous coating is given it by the mucous membrane of the tube. Arrived at the uterus it comes in contact with the fecundating fluid of the male, and those mysterious processes are begun, whose termination will be the ushering into existence of a new being. The first factor in this process is segmentation of the ova or division of the original cell into many. As Dalton says, "The process thus commenced goes on by a successive formation of furrows and sections in various directions. The four vitelline segments already produced are subdivided into sixteen, the sixteen into sixty-four and so on, until the whole vitellus is converted into a mulberry shaped mass composed of minute nearly spherical bodies, which are called the vitelline 'spheres.' At last they have become so abundant as to be closely crowded together, compressed into polygonal forms and flattened against the internal surface of the vitelline membrane. They have by this time been converted into true animal cells; and these cells adhering to each other by their adjacent edges form a continuous organized membrane, which is termed the 'Blastodermic Membrane.'

"The next change which takes place consists of the division of the blastodermic membrane into two layers which are known as the external and internal layers of the *blastodermic membrane*. They are both still composed exclusively of cells. But those of the external layers are usually smaller and more compact, while those of the internal are rather larger and looser in texture. The egg then presents the appearance of a globular sac, the walls of which consist of three concentric layers, lying in contact with, and enclosing each other, viz. 1st, the structureless vitelline membrane on the outside; 2d, the external layer of the blastodermic membrane composed of cells; and 3d, the internal layer of the blastodermic membrane also composed of cells.

"This entire process of the segmentation of the vitellus, and the formation of the blastodermic membrane, is one of the most remarkable and important of all changes, which takes place during the development of the egg. It is by this process that the simple globular mass of the vitellus composed of an albuminous matter and oily granules is converted into an organized structure. For the blastodermic membrane, though consisting of only cells, nearly uniform in shape and size, is nevertheless, a truly organized membrane, made up of newly formed anatomical elements. It is moreover, the first sign of distinct organization which makes its appearance in the egg, and as soon as it is completed the body of the new foetus is formed. The *blastodermic membrane* is in fact the *body* of the *foetus*. It is at this time, it is true, exceedingly simple in texture; we shall see hereafter that all the future organs of the body, however varied and complicated in structure arise out of it by modification and development of its different parts. The two layers of the blastodermic membrane represent together the commencement of the organs of the foetus. They are intended however for the production of two different systems; the entire process of their development may be represented as follows: *The external layer of the blastodermic membrane produces the spinal column and all the organs of animal life, while the internal layer produces the intestinal canal and all the organs of vegetative life.*"

It will thus be seen that originally the material, from which all the organs of the body with their various forms and modes of function are the same. In other words, that all the essentials for the production of a complicated organism exist primarily in the cell with a constant supply of albuminous material, or to advance one step in the histologic process, all animal organisms are produced from a basement membrane covered with cells, extracting from surrounding material, those elements which are essential to their vitality and secreting or producing, as the plant produces fruit, organisms of a higher grade than those from which the supply was originally derived.

Dermoid cysts as they exist in the ovary usually contain hair, fat, teeth, bone, cartilage and other products of cutaneous tissue. West in his work on "Diseases of Women" mentions these ingredients and then proceeds. "The presence of scales of cholesterine, or of small quantities of fat, is indeed often observed both in simple and ovarian cysts, and is due to the

rapid desquamation of their epithelial lining, and to the alterations which the corpuscles undergo. In these cysts, however, fat is present in much larger quantities, so that it forms layers on the surface of fluid removed by tapping, as firm as lard or even firmer; or collects, perhaps, into large or irregular flakes or masses or else into a number of small balls like marbles, of a yellow color, and of the consistence of tallow, shaped into these symmetrical forms by mutual attraction in the fluid, which partly filled the cysts of which there is a remarkable specimen in Guy's Hospital."

These cysts when found in the ovaries were for years considered as the result of foetation outside of the uterus. Medical men could not conceive of the powers existing independently in the animal cell. They conceived that it must be impregnated with the fecundating principle of the male. Ziemssen *Cyclopedia* on the subject of dermoid cysts of the ovary says: "Formerly these cases were considered as a sort of imperfect ovarian pregnancy, which was supposed to occur with or without sexual intercourse. It is only recently that light has been thrown on these formations. His at first entertained the idea that the Wolffian duct was formed by the folding in of the horny layer; but this view, which was also advocated by Hensen was afterward discarded. Very recently however, His has modified his views, in which modification Waldyer concurs, so that they now believe that the first rudiment of the genital organs is developed from the axial cord of His, in the formation of which the upper germinal layer also participates, and that the horny layer contributes chiefly to its formation. From this we can understand, how formations of the internal skin can originate from parts of the upper germinal layer which have not contributed to the formation of the ovary, and fat, bones, teeth, etc., can be produced from the parts of the middle germinal layer, which also participated in the folding in of the axial cord. Ziemssen further states, that the first trace of these tumors is always congenital. "Their further development as a rule, begins after puberty, in exceptional cases even earlier." Mears removed one from a child six years and eight months of age, Spencer Wells, one from a child of eight. Both operations were successful.

Of the histological appearances Ziemssen says: "The internal surfaces of these cysts are distinguished by formations which are perfectly analagous to the external skin. The inner



surface of the cyst-wall, which is either smooth or uneven in places with isolated prominences or even actual protuberances exactly resembles in its structure the epidermic. Superficially we find thick horny layers of pavement epithelium, whose nucleated, flattened and finally rounded cells follow each other in exactly the same manner as is seen in the outer skin as far as the rete malpighia. Under the epidermie is found a connective tissue resembling that of the cutis which, however, does not always resemble papillæ, and in no instance papillæ as regularly arranged as are those of the skin. But a fatty layer corresponding to the *paniculus adiposus* is always found beneath the cutis, upon which the external connective tissue envelope of the cyst rests."

Hair follicles with their hairs and sebaceous glands opening into them are also found in these tumors. Sweat glands also exist. The hair is usually found rolled up in a ball or mass, is usually of a reddish color, and is agglutinated by a caseous matter resembling putty, provided no fluid is secreted by the cyst-wall. The bones and teeth are generally found in a small sac and attached to the cyst-wall. These usually have to be ruptured before they can be removed. The fatty like masses are the deteriorated and exfoliated epithelial cells of the cyst walls. Crystals of cholesterine, xanthine, tyrosine, urea, lensine and oxalic acid are found in this substance. In rare instances gray cerebral substance, and sparse transversely striped muscular fibres have been found on the inner wall of the cyst. It was through the researches of Dr. Kohlrausch, a German physician, assisted by a co-laborer, Dr. Steinlein, that the theory of extra-uterine impregnation was abandoned and these anomalies of nature placed upon a truly physiological basis. Besides the existence of these growths in the scrotum of the male, and existence of true dermoid cysts in various other situations upon the human body as noted by numerous observers, has done much to clear up one of the many mysteries of histological formations, and to modify the views of earlier investigators. West in his "Diseases of Women" has given a table of 441 cases of dermoid cyst of the ovary, 96 of which were collected by S. Lee, 215 by Chereau, 41 by Scanzoni and 92 by himself. This table shows that of these 208 were cysts of the right ovary, 169 of the left and in 69 cases both ovaries were diseased. He states, however, that in two cases he found it impossible to diag-

nose which of the two ovaries were diseased during life. He accounts for this on the ground that the ovarian ligaments become twisted during the enlargement of the ovary producing an enlargement of the abdomen beyond the mesial line and the side opposite to the one on which the disease exists.

In a case which occurred in our own city the left ovary was found containing the usual ingredients, the organ having become nothing more than a mere cyst containing fully a pint and a half of caseous material which resembled butter, and which solidified and floated upon the surface of the water used when removed from the cyst. A ball of hair and an attempt at the formation of teeth was also found. A majority of the gentlemen present at the post-mortem pronounced it an extra-uterine pregnancy, notwithstanding the lady was a widow whose husband had died eighteen years ago. The writer was the only person present who objected to the diagnosis, and gave the cause as assigned by our late authorities, for these growths. He does not refer to this subject now with any feeling of personal selfishness but to show the injustice that may be unwittingly done. The writer believes that many cases of reported extra uterine pregnancy, were really dermoid cysts of the ovary.

These growths usually remain stationary during life. In many instances however, particularly about the period of puberty and the grand climacteric, they undergo further development and grow rapidly. "Sometimes they discharge themselves into the neighboring organs, most frequently into the rectum or bladder. In the latter case atheromatous masses and hair and sometimes fragments of bone are found in the urine. In a case reported by Blick and Winge, the cyst had apparently grown into the bladder, its contents had been discharged, and its inner walls had become inverted, so that it finally formed a polypoid tumor covered with hair, which projected into the bladder and caused excruciating pain. They may also break through the abdominal wall and occasionally through the vagina. Perforation into the abdominal cavity is rare. Simultaneous rupture into several organs may also take place. Larrey saw a case of rupture through the abdominal walls and the bladder, (Spencer Wells), and a case of hydatid pregnancy of the ovary described by Greenbalgh, in which the cyst communicated with the rectum, bladder and navel belongs to this category." (Ziemssen) All the works that I have consulted on this subject give the

same general outlines, and concur in their descriptions of the cause of formation and appearance of these cysts. Holmes in his Principles and Practice of Surgery, also mentions another form of dermoid cyst, whose habitat is the face, whose size is not often larger than a marble, and which presents many of the characteristics of the ovarian cyst. I will however, content myself by referring the Association to Ziemssens' vol. X. on Diseases of Women, Rindfleisch's Histological Pathology and Holmes on the Principles and Practice of Surgery, for a full and clear description of this variety of tumor. What little I have given in this paper is drawn principally from these sources.

The impossibility of diagnosing from other forms of tumor is apparent; only an escape of the contents will reveal to the surgeon the character of the cyst. In cases of rapid growth, ovariectomy is the only operation that will give relief. Unless rapid growth should occur the patient will suffer but little inconvenience.

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#### ARTICLE XVIII.

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DIAGNOSIS.\* By J. W. HAWKINS, M. D., of Canton Mo.

Diagnosis is a branch of medicine perhaps of as much importance to the true physician as any other.

What is the matter? is the first question that arises in our minds, when called upon to prescribe for a patient.

In our works on the practice of medicine, we have diseases named, their symptoms and treatment laid. Now if we follow the treatment laid down in the books it is apparent, that a correct diagnosis must be made, or our patient suffer the evil consequences of mal-practice.

No practitioner can afford to neglect the study of diagnosis. A deviation from the normal, physiological state, is a pathological condition and therefore one of disease. Fever is not a physiological phenomenon, no one at the present time will claim that it

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\*Read before the Lewis County Medical Society at Monticello, May 18th, 1881.

is, then it must be a pathological condition and therefore one of disease. Fever is correctly regarded and treated as a diseased condition of the organism. As there are many different causes of disease, so there are many different forms of fever. And it devolves upon the physician to determine the particular class and temperature of the fever, he is called upon to treat. Without a knowledge of anatomy, physiology and pathology, no man is prepared to correctly interpret and understand the phenomena of disease either of a general or local character.

The process of diagnosis is defined to be not the simple tracing of effects, to causes, but by perceiving some particular entitus of disease, we infer the existence of others which we know to be generally associated with them.

For example, in the first stage of measles we may only find a little fever and cough, from these we are led to infer that there will shortly appear redness of the eyes, sneezing, sore throat, and an eruption of the skin, beginning upon the forehead, nose and chin, gradually spreading over the body downward to the extremities. In this way, from the fever and peculiar sound of the cough we are enabled to make our diagnosis and name the disease long before it is fully developed.

To a certain set of symptoms or phenomena of diseases we give certain names, as variola and typhoid fever; these names convey to our minds what we believe to be the most important structural and functional changes occurring in the given named diseases.

The difficulties attending diagnosis are known and appreciated by every practitioner of medicine. For example, the first stage of hooping-cough will tax all our knowledge to determine the nature of the disease, we are left almost entirely to inference, nor do we feel entirely satisfied with our diagnosis until we hear the peculiar pathognomonic cough attending the latter stage of the disease.

In making a diagnosis of every disorder we are called upon to treat, we make a practical application of what we know about physiology and pathology; should we lack information and observing capacity, we will be most likely at fault in our diagnosis. Diagnosis then is based upon pathological knowledge, and the fact or act of observing the symptoms or integral parts of the disease, in other words, diagnosis is a scientific classifica-

tion of the phenomena and the correct interpretation of the conditions under which they occur.

It may be objected that our physiological and pathological knowledge is imperfect, therefore our diagnosis will be correspondingly uncertain. While this objection can be sustained yet our diagnosis is sufficiently exact to enable us in a large majority of cases, to predict with tolerable certainty the final termination of the disease. We do not claim that medicine is a complete science but that it is progressing towards that end will hardly be doubted. Daily new ideas, thoughts and facts are being brought to light. It is now believed that fever is merely an increase of temperature and is but the result of morbid influences or conditions of the nervous system influenced or caused by certain morbid agents. There is according to recent observations a normal physiological range of temperature in the body, the minimum being at 7 A. M. the maximum temperature at 9 P. M. And that fever follows a similar law.

The vaso-motor nerves, the nerves of secretion chiefly control the normal limits of heat.

A contraction of the capillaries of the skin and secretory organs raises the temperature of the body; on the other hand, relaxing the capillaries of the skin and other secretory organs reduces the temperature of the body. This is daily verified in the practice of medicine and especially it is apparent in the disease known to us as asthma, this I have at last proved to my entire satisfaction, although it is not a disease attended by a high grade of fever, yet the true pathological condition consists in the contraction of capillary vessels of the bronchial tubes over stimulated or excited through the morbid action of the pneumogastric nerve.

In conclusion allow me to allude very briefly to the work of the Lewis County Medical Society, there are many I am led to believe who think our Society meets here for no other purpose than to invent ways and means by which we can fill our pockets at the expense of our patrons. Who is, or whether any is responsible for this prevalent opinion, I know not but to some extent those who are entitled to seats in our Society never fill them, have a hand in this matter, yet I believe it is true. To the matter of Fees, our prices are lower than any place I ever heard of, on this point they are invaluable. *...id me... a polish... it is reflect... equally astounding... to expect achie... The bu... lect.*

Let me ask you if your attendance at the meetings of this Society has added anything to your stock of medical knowledge has ever enabled you to treat a single patient better than before? If it has, then you have been benefitted, for myself, I will say that I have never attended a single meeting when I was not fully compensated for my time and trouble of coming. Gentleman I hope we will be able to sustain the Society and make it even better than it has been. If it should be no better in the future than it has been in the past, it is eminently worthy of being continued.

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### ARTICLE XIX.

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OBJECTS OF MEDICAL ASSOCIATIONS.\* By J. T. BINKLEY, M. D.,  
of Shawneetown, Ill.

Mr. President, and members of the Southern Illinois Medical Association, as Chairman of the Committee of Arrangements of this Association, I welcome you to our town and homes.

Whilst we cannot offer you excursions to points commemorated by ancient historic events, or a musical entertainment, whereby the soul may be feasted and the ear delighted, yet, we hope your time will be quite as profitably spent, and when you have left here, you will feel that it was good for you to have been with us.

In our meetings we have a double object in view, viz: 1st. The coming together, renewing old friendships and forming new ones; 2nd, presenting papers upon different medical subjects, that they may be subjected to the views and criticisms of others, thus improve ourselves by interchange of opinions upon the various topics presented, thereby increasing our general knowledge in the healing art, so to be better prepared to dis-  
In our duty to those seeking our counsel.  
to treat, our duty to those seeking our counsel.  
physiology has passed. We are living in an age of improvement observing cause and effect. Our well devised public school system is so enlight-  
nosing. Diagnosing the standard of education and knowledge  
and the fact of the disease, i to the Southern Illinois Medical Association, June, 1890.

in the rising generation of our country, that the time is not far distant, when the public will require of every member of our profession a thorough qualification and membership of some regularly organized medical association that he may be a helper rather than a clog in the wheels of science. We unhesitatingly admit that many who have passed through some of our *doctor-mills*, and received their highest honors, are less qualified than some who hold certificates under our ten year law, regulating the practice of medicine in our State. This new law has had some wholesome tendencies. It has driven from our State quite a number of unqualified practitioners and advertising charlatans, and by their registration exhibited to the public, the status of every physician in our State.

Notwithstanding, it has some defects; it has been of much benefit to us, and we hope the good thus begun will increase, and ere long the statutes of each State be so revised and amended that all of our medical colleges will be compelled to make merit the paramount qualification for the degree of medicine, or close their doors. Brethren, I find some in our midst who look suspiciously upon our meetings, regard them as being for the purpose of raising prices, etc. Even some who are professed followers of *Æsculapens*, lend aid to this ungrounded misrepresentation. Others manifest a curiosity to know what is done and said, what our objects are. Let me answer all of these interrogatories by saying to all such, if the business in which we are engaged to-day, had been appointed to celebrate a physical triumph, no one would question its meaning or entertain a doubt as to its importance. Intellectual attainments, achieved silently and imperceptibly, are impalpable in their nature, and therefore, not appreciated as they should be. The senses take cognizance of our amazing physical triumphs, and we look for similar evidences of progress in intellectual pursuits. Steam has not only subdued the wilderness and brought the most distant points into close proximity, but furnishes a power which almost relieves men from the necessity of toil; the electro-magnetic fluid measurably confers ubiquity upon us; light is thrown upon a polished plate, and a perfect image of the object from which it is reflected is fixed there.

These wonders in the arts, with others equally astounding, meet us at every turn, and too often lead us to expect achievements equally striking in the domain of intellect. The human



mind, ever in active exercise, though unobserved, is constantly accomplishing great results. It is impossible to estimate with any approach to correctness, the extent and value of our mental attainments. Between the acquisition of physical and intellectual stores, there seems to be a great contrast which sometimes causes us to be impatient at the supposed difference. But when we examine the matter somewhat more closely, we discover the error. If ever so successful in making physical acquisitions, we can secure but a few square miles of the earth's alluvial crust, then we are *rich*, reputed so by all. But yet how small a share of the whole.

On the other hand, by our labor in the domain of intellect, we may secure a vast proportion of its entire extent. Property here is common—free to all; there are no metes and bounds—no “thus far shalt thou go.” Moreover, of all the property that a man can possess, there is none so peculiarly his own as that which results from the labor of his mind. The fruits of the field are acquired by the labor of the hireling, and beasts of burden; products of manufacture mainly by the movement of machinery, but it is by his own toil, by the exercise of his own most exalted faculties, that man creates the products of his mind. He is the true artificer of his own fortune. Many expedients have been devised to abridge the labor of study, and discover a nearer approach to mental excellence, but in vain.

Experience teaches that excellence is never granted to man but as the reward of effort. There is no law in the philosophy of mind more generally acknowledged than the existence of the nicest possible relation between the exercise of its powers and their harmonious development.

We have in the study of our profession, one of no circumscribed limits. It reaches out on every side for materials wherewith to construct its stately edifice, and from which to dispense its manifold gifts of healing. No royal road will be found to conduct its votary with rapidity and ease to the goal of his desires. But with unwearied diligence, and with unfaltering steps, he must be content to push his upward march, sedulously availing himself of every means within his reach to acquire the requisite degree of perfection.

Among the various avocations of life from which we are called to make our selection, there is certainly none requiring a higher standard of moral and intellectual perfection than that of



medicine. To be a thoroughly accomplished physician in this present age of universal development, involves no slight degree of mental discipline. The physician is aptly styled "the priest and interpreter of nature." This very idea presupposes an intimate acquaintance with the laws which regulate her various kingdoms—animal, vegetable and mineral—together with a knowledge of those higher and more noble operations of the mind, which especially distinguishes man as an intelligent being. It will be readily granted that the great business of the physician is to minister at the bedside of the sick and suffering.

When disease lays its ruthless hand upon its victims, there is an instinctive looking out for aid at the hand of the physician. Indeed, so much does he become identified with sickness, that the great mass of people regard the practitioner merely in the light of a dispenser of drugs.

Little do they know, for never have they reflected, at what a cost of unwearied study and persevering application, or at what a sacrifice of personal ease and comfort, if not too often health, he has established these principles, and arrived at those conclusions which now enable him to combat with the foe, calm amidst the tumult of disease, and confident in the correctness of his appliances. All that the people regard is the result. Has he saved his patient? They stop not to enquire how this result has been attained, nor do they trouble themselves to investigate the different processes by which he has been enabled to form his diagnosis of the disorder, or to adapt his remedies to the case.

The truths which collectively constitute a complete medical education, are, in their isolated state like crude material of which a ship is constructed. They must be selected with special reference to the purpose for which they are intended. Ideas of facts which would be of the greatest value to the lawyer, or clergyman, might be comparatively useless to the physician—like the crook in the oak that would be useless in the construction of a dwelling, and yet the very thing that is required in the keel of a vessel. It is important that we should understand the best method of using the knowledge we have obtained. The acquisition and possession of knowledge is very different from its use and judicious application. A person may have a vast fund of information, and at the same time be incapable of employing it successfully.

When we speak of medical education, we mean something

more than the attainment of medical knowledge; we include in addition to this, the ability to use that knowledge to the best advantage. This constitutes the art of our profession, the application of our knowledge of disease and its appropriate remedies. A man may understand the science of music without being able to perform the simplest piece, or he may be thoroughly versed in mechanics and yet have no skill as an operator.

The successful practice of medicine requires not only a rigid discipline of the mental faculties, but also a careful training of the special senses. To the latter, the physician is indebted for his knowledge of disease, and his means of making a correct diagnosis. By hearing, we learn the condition of the heart, lungs, etc., by the sense of touch, the force, frequency and quality of the pulse, likewise by sight, the general appearance of our patient, the condition of the tongue, and by the sense of smell, the peculiar odor incident to many forms of disease.

Gentlemen, members of the Southern Illinois Medical Association, as I have, perhaps, already occupied too much of your valuable time, I will ask your forgiveness, and offer as an apology, the importance of the subject.

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#### ARTICLE XX.

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**TYPHO-MALARIAL FEVER\*.** By S. M. FORREST, M. D., of  
Renick, Missouri.

As the season for the so-called typho-malarial fever is at hand, it is an appropriate subject perhaps for our consideration at present.

It is not our intention to enter upon the pathology of typhoid or malarial fever, but simply to point out the difference between the malarial and the typhoid manifestations of the disease.

As to the differential diagnosis between malarial and typho-malarial fever, it is I think very slight.

The special poison or virus of typhoid and malarial fevers has been regarded by some observers as a germ, by others as

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\*Read before the Moberly District Medical Association.

a gaseous emanation, and by others as a vegetable organism, and so on.

There is no disease or condition in regard to which there has been such a diversity of opinion as this same typho-malarial fever. Many men denying the existence of such a disease.

One will say that it is an aggravated typhoid, another that it is intensified malarial fever; another that it is the two diseases combined, and by some others it is known as a malignant bilious remittent fever, and by another class of physicians, is called congestive fever.

A fever that is accompanied by great oppression and depression, a fever in which it is impossible to induce a reaction. Neither antipyretic nor antiperiodics, having any appreciable effect upon the fever.

Gentlemen, cases that I have heretofore diagnosed as typho-malarial, I am satisfied have been of the types of fever last named, that is either of the congestive, or of the malignant bilious remittent type. Such cases I have treated with less success than anything else I have been called upon to treat.

Such cases are attended with a degree of malignancy, with a degree of visceral and cutaneous congestion that is not observed in typhoid.

In the summer and autumn of '79, we had this fever prevailing extensively.

At that time I diagnosed it typho-malarial. This fever did yield to malarial treatment. In fact *quinine* in my hands undoubtedly exercised an unfavorable influence over the progress of the disease.

In this class of cases we haven't that periodicity in the febrile action that we have in typho-malaria.

There is a certain icterode hue of the skin with hepatic tenderness, with a gastric tenderness, and disturbance not associated with typho-malaria.

The aggravated gastric disturbance, conjoined with a capillary congestion of the skin, marks this, I think, as a congestive, a malignant or a septic type of fever.

The first mention we have of typho-malarial fever, I believe, was during our civil war.

The designation originated with the army of the Chickahominy, along whose swampy banks many men fell victims to the combined influence or poison of typhus and malaria.

Gentlemen, since I have come to consider the subject, the diagnostic difference between typhus and typho-malarial fever, to my mind, it is very slight.

I have almost come to think the designation a mismomer.

If there is such a disease, it is an intermittent fever, of a tertian or of a double tertian type, which has been of a few days, a few weeks or a few months' duration, just as the inception of the malarial poison may have been, and about the only significance the malarial element has, is the condition of the patient at the time; the typhoid symptoms or poison was engrafted on to the malarial condition of system.

If one is prostrated by malaria, he will not endure typhoid so well, the vital and recuperative forces being already prostrated; there is less resisting force, hence one is more likely to succumb to typhoid.

It should be remembered that the cause of typhoid and malarial fevers is a poison circulating in the blood. In the case of malaria, it is due to a poison that antiperiodics, will rarely control unless the nerve centres are so completely over-powered that visceral congestions are induced. Such as we have in the so-called pernicious fever or congestive chills, otherwise quinine will control malaria.

Such cases will undoubtedly exercise an unfavorable influence on typhoid fever. But whilst malaria may be the remote, yet it is never the immediate cause of death in those cases.

This is not true, however, with regard to the poison circulating in the system, for as yet, we know of no means of eliminating this poison from the system after its introduction. This typhoid poison is something that can't be eliminated from the system by antiperiodics, neither can it be vomited or purged out, nor can it be met and antagonised in the system as can malaria. But when the characteristic phenomena of the disease are present, the poison is already active, and it will continue to act until the time shall have been reached when it has finished its work.

It is a self-limiting fever, and as in all self-limiting diseases we are powerless to shorten the duration or to prevent its developments after the poison has once produced its characteristic phenomena.

Again we say, unlike malaria, we have no agent that will neutralize or antagonise this poison. The symptoms which

may be regarded as indicating an unfavorable termination, are a continued high temperature showing no tendency to remission. The character of the prevailing fever will also influence prognosis in any given case.

If the type of the prevailing fever be light, recovery is always probable, if on the other hand, the type is severe, then the prognosis becomes unfavorable. As to treatment, no plan can be presented which will be appropriate to all cases.

The therapeutic measures must vary with the type of fever, and the peculiarities of each individual case.

When malarial manifestations predominate, quinine as an antiperiodic, quinine in antiperiodic doses will produce the desired result.

All cases which are followed by remissions, and exacerbations are benefitted by quinine. And I would give it in doses of ten or fifteen grains, and repeat the dose every three or four hours, until the desired quantity has been reached.

If it is freely administered, it seldom fails to produce a favorable result. The exacerbation seldom reaching its former height.

However, there is an amount of gastric disturbance in many cases that contra-indicates the use of quinine by the stomach. In such cases I would use it endermically, over the region of the stomach, in the form of a poultice; some cases not tolerating the remedy well. I think it well, also, to administer it in solution, as it is often not readily digested.

As to the typhoid element or the enteric phenomena of the disease, the reduction of temperature and the constitutional condition of the patient, is about all that is necessary to speak of.

As to the reduction of temperature, I think the antipyretic effect of water overshadows every thing else. I like the cold bath or the cold pack, but still I am not a stickler for this alone. I don't quarrel with a fellow colleague, if he prefers warm water. A reduction of temperature is the result, if water is used freely, regardless of the modes of its application. I like to have my patient placed in a tepid bath which is reduced to a lower temperature, by the gradual addition of cold water, till the point desired is reached.

Our principal object should be to diminish the temperature of the body and make the patient comfortable.

A low fever which lasts long is dangerous, as all fevers tend

to produce disintegration of tissue; and also retards tissue metamorphosis. Hence a reduction of temperature is the one thing desirable. I also like the antipyretic power of quinine in connection with the bath.

We should not forget also to look after the patient's general condition. A supportive plan of treatment should be adopted from the inception of the disease.

Stimulants are especially indicated whenever signs of heart failure are present, such as a feeble pulse, and an indistinct sound of the heart. Alcohol like the other agents mentioned, has no specific curative effect.

But the object of its administration, is to support the heart power, and to prevent the vital forces from falling below that point at which reparative processes are possible.

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## ARTICLE XXI.

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### Translations.

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### FROM THE FRENCH.

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**EXERPTS FROM LATE FRENCH JOURNALS.** [Translated for the JOURNAL.] By A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

**NASO-CRANIAL OSTITIS.**—Prof. Fournier in a lecture on the syphilitic form of this affection, thus concludes:

1. If, in the great majority of cases, syphilitic nasal ostitis creates no danger to life, there is nevertheless one kind which is an exception to the rule. This kind is ostitis of the roof of the nasal fossa, *naso cranial ostitis*, which owes its dangerous character entirely to its locality.

2. The danger of this naso-cranial ostitis is a tendency to irradiate towards the organs contained in the skull, the transmission being anatomically propagated by various lesions, the

most common and principal ones of which are: Meningitis, encephalitis and abcess of the brain.

3. Clinically, these cerebral complications present themselves under two forms:

a' A chronic form, characterized by vague symptoms of encephalitis, slowly progressive, with sudden and apoplectiform termination.

b' An acute form, characterized by symptoms of an incomplete, irregular encephalitis, which becomes rapidly mortal.

4. It is not rare for these cerebral complications to remain absolutely latent, in a clinical sense, and terminate in an unexpected manner by a sudden death of a fulminating character.—*[Annales des Maladies de l' Oreille etc.*

**ATROPHIC ALTERATIONS OF TEETH.**—During first dentition, the alteration is seen first on the canines, the second bicuspid, the first bicuspid, the median and lateral incisors. The order is different for the second dentition and it is a singular fact, that the teeth which first appear are attacked very late or remain intact. It is also remarkable that if this affection acts on the teeth of the first dentition, those of the second enjoy immunity.

It is the alterations of second dentition that have been particularly studied. It may be said in a general way that the lesions are found in homologous teeth of the same jaw. The teeth of the upper jaw are always more deeply involved than those of the lower; also more on the right than on the left side. As to the order in which these alterations appear it is first in the first molar, which appears at the age of five or six years, before the deciduous teeth have fallen. Next in order are the median incisors, the lateral and the canines; the second molar and wisdom teeth seem to be always intact.

The lesion is an alteration of the enamel and dentine. In regard to the enamel, it is altered sometimes in quantity, and at others in quality. It may be in patches or entirely wanting. It may be unaltered in composition, or it may be very friable cracking easily, and then it is yellowish, smoky or blackish.

Pyrexias and neuroses have been attributed as causes as also rickets and syphilis. The latter is an undoubted cause, and supported by the other evidences, cutaneous and osseous, of syphilis.—*[Journal de Méd. et de Chirur. Pratiques.*

**METHOD OF PRESERVING VACCINE VIRUS.**—Dr. E. Benoit chooses a good pustule at the seventh or eighth day. He fills two or three tubes with the virus, closing them with wax. These are then taken and plunged in a test tube filled with lard and carefully corked. When needed, a tube is withdrawn, the virus expelled and rapidly inoculated. He has used virus thus preserved two years after gathering it, with success.—[*Lyon Médical*.

**ACTION OF TOBACCO ON THE GENITAL ORGANS.**—Dr. Jacquemart has collected a great number of cases showing a diminished genesic force from the action of tobacco. Its action is especially noticeable in women employed in the government tobacco works. In one hundred cases of pregnancy, there is found an average of forty-five per cent. of abortions or premature labor; fifteen per cent. of the children born die in a few hours or days after birth. The mortality of children suckled by those women is ten per cent. greater than if suckled by strangers. Sterile unions amount to about eighteen per cent.—[*Paris Médical*.

**FERMENTS OF THE URINE.**—M. Béchamp, thus concludes his researches on the subject :

1. Atmospheric germs cannot penetrate into the bladder by means of the urethra; it is anatomically impossible.

2. Supposing that the germs of ferments penetrate into the bladder, through catheterization, they are not the cause of ammoniacal fermentation.

3. Even by affirming that atmospheric microzyma exist and become bacteria, it is certain that they are not the immediate cause of the ammoniacal fermentation of urine.

4. Bacteria may exist in the urine contained in the bladder, without causing fermentation.

5. When urine in the bladder becomes ammoniacal, the phenomenon is secondary to a lesion or morbid state of some part of the urinary apparatus or to a diathetic state etc.

6. The fact that urine may be ammoniacal in the bladder, and that this state is coincident with the presence of infusoria, tends to show that we must distinguish microzyma in a state of



health from those become morbid from some alteration of any one of the parts of the urinary apparatus or from a general state.

7. The zymosis which causes the urea to ferment is the result of the morbid alteration of the function of microzyma, for all soluble ferments are secreted by something organized.

8. The ferments of ammoniacal fermentation cause sugar and starch to ferment.

9. There is an acid fermentation of the urine, and the ferments of this also act upon starch and cane sugar.

10. By means of carbolic acid or creasote the evolution of the microzyma of the normal urine may be prevented, and as a consequence, ammoniacal alteration.—[*Bull de l' Acad. de Méd,*

**A DIRK IN THE BRAIN WITH NO UNTOWARD SYMPTOMS.**—A man quarrelled with his wife, on account of some domestic matters and resolved to end his life. He took a small dirk 10 c. m., long, placed it vertically on the top of his head, and by the aid of a hammer, drove it in up to the hilt. This done he felt nothing unusual. He had all the intelligence and the full use of his senses and motion was not in the least impaired.

Embarrassed at having so badly placed the dirk, he called in a physician who tried to withdraw the knife but was unable to do so. M. Dubrisay was then summoned, and the two physicians fared no better. The patient was lifted, the weight being borne by the dirk and not coming out. The patient was then taken to a neighboring shop, where by dint of great labor and appliances the instrument was, after great trouble, extracted. The patient immediately arose, walked, spoke and conducted M. Dubrisay to his vehicle and thanked him.

The blade of the instrument was somewhat bent near the point. It had encountered some hard body, the occipital fossa. Fearing meningitis, the patient was taken to a hospital, but left in eight days without ever having inflammatory or parietic symptoms.

As an injury to the brain it is a very curious case. As far as we can see, the 10 c. m., of blade penetrated near the posterior edge of the parietals, near the median line. Supposing the blade to have passed between the hemispheres, without inflict-

ing injury upon them, it must have traversed the tentorium cerebelli behind the protuberance, traversed the cerebellar peduncle and the cerebellum near the bulb, in order to bend itself in the occipital fossa. It is difficult to admit that it touched the bulb. It is extraordinary enough that it should have occasioned no disturbances of motion or sensation along the tract we have supposed it to follow. The question to be asked of those advocating cerebral localization is, of what use are the parts of the brain cut by the instrument. As for us, we must confess our entire ignorance.—[ *Paris Médical*.

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## ARTICLE XXII.

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### Proceedings of Medical Societies.

#### ST. LOUIS MEDICAL SOCIETY.

SATURDAY, May 7th, 1881.

##### Maternal Impressions.

DR. DICKINSON.—Mr. President, there is a subject which has been often thrust upon my attention as I pass through the streets. I do not know whether it is within the province of this Society to take any cognizance of the matter. It is one which I think germane to the purposes of this Society. It is the permission by the authorities of objects that are revolting to the sensibilities of men, but especially those of women, and consequently should not be permitted to remain on the streets. I yield to no one in the sentiment of humanity and kindness of feeling toward the unfortunate; but it does seem to me that the authorities should have some regard to those who are placed under certain conditions, which may cause the sight of these objects to become injurious to them. We have heard related on this floor the cases of several women, who being pregnant, were seriously injured by suddenly viewing these objects. A boy of some 17 years of age stands, and for a week or two has stood daily on the corner of Ninth street and Washington Avenue, having less than the upper third of his right arm remaining,

which for the purpose of appealing more pathetically to the sympathies of the passers by, he keeps in constant agitation and at the same time asks for charity. There are other objects on the street equally unpleasant to be seen. So far as I am individually concerned it does not affect me, but I have a regard for those whom it may affect injuriously. We were told in this presence of a lady who was pregnant, and while going to market and upon opening the door of the same was confronted by a revolting object, the effect of which to her and also to the foetus as was shown most disastrously at full term. Dr. Johnston narrated that case. But sir, these or similar accidents are very common. They are known to all the members present. This, I think, is a proper subject for reference to the city authorities, and I know of no more proper method of accomplishing it than through the medical profession.

DR. POST.—I suppose that Dr. Dickinson refers to beggars who make use of this as a means of support. I believe an ordinance of the city prohibits begging. Certainly a beggar is liable to be taken up under the vagrant act.

DR. COLES.—The most interesting feature in this matter, is the question as to how far maternal impressions can affect the foetus. Whether a sudden shock or intensely disagreeable impression, is capable of producing abortion, or a permanent change in the organism of the foetus. As Dr. Post remarks, these people are on the streets to beg, and they use their deformities and misfortunes as a passport to charity, and the very fact that they are thus unfortunate, I presume, prevents the city authorities from the enforcement of any law against them; but in the view of the case suggested by Dr. Dickinson, it seems to me the matter should be seriously thought of; and the difficulty in the way is just this, that our Societies and other medical bodies have been divided from the time of Hippocrates up to the present, as to whether these disagreeable impressions are capable of producing a change in the organism of the foetus—"mothers marks," so to speak. I suppose there is no doubt that sudden fright, emotion, shock, or sudden disagreeable sensation, whatever it may be, is capable of producing an abortion. I don't need to cite these objects, there are a thousand and one that a susceptible female would see on the street any day. The point of greatest interest to my mind is the extent to which

these affecting sights would be liable to produce marks on unborn children, abnormalities, through the mind of the mother. Such spectacles as we witness daily are indeed horrible to contemplate, and the thought occurred to me only a few days since, that if the danger was so great as many suppose, it is a wonder that half the women in St. Louis do not have deformed children, but we hear of nothing of the kind. Of course when a woman has a marked child, she can, and generally does, refer it to something of this kind. She probably wanted a cherry or a strawberry and couldn't get it, or she remembered she was made sick by them. The people are disposed to account for these things in some way, but what is the original cause—the real origin of these marks, deformities or defects I think is very far from being settled, and I do not think that we can throw any additional light upon the subject, except through cases that are seen and verified by incontestible evidence. Now so far as I am individually concerned, I have never seen a case under my own observation that would throw any light on the subject. We occasionally read of striking cases in the public prints and in the journals. I recollect some years ago of reading of the case of a man having three fingers of his hand cut off, his wife who saw the fresh wound and was then three months pregnant, gave birth to a child that had a hand just like it. Another case which was published recently, which is a very remarkable one, where a woman near full term received severe burns on the legs, arms, chest and abdomen, and when the post-mortem was made the foetus was found to be burned in the same way exactly; large blebs on the body, as if this fire had absolutely penetrated and produced a similar result on the child. I hardly suppose that the heat could have continued long enough on the body of the mother to affect the child in the uterus. It is a very strange thing, and a subject that is very well worthy of study.

DR. WILLIAMS.—Do you believe the body was marked?

DR. COLES.—Well I don't know, I am sceptical. I have decided for myself, that the weight of testimony is against it, as an origin for physical marks; the subject of teratology needs to be further studied.

DR. JOHNSTON.—It is known that from a point of a little albuminoid substance under the proper conditions of heat and moisture, a granule in the centre of this substance evolves into a

cell. It is not known what law determines the shape of the animal or vegetable, and these variations of development which are as often seen in the vegetable kingdom as in the animal, would seem to disprove that this phenomenon we term mind is capable of exerting such influence, for we can hardly attach mind to the vegetable. If we knew what determined the normal condition, we could arrive at some conclusion as to the abnormal. But all we know is that each and every living organism is determined and formed by a force acting either from within or from without. What that force is I know not, but it is a fact we can observe every day. Now at what period the abnormal law would come in or arrest its development, is equally unknown as the law of development of the simple cell, and still these variations take place, and they take place in the vegetable kingdom and in crystals, so that one law holds good through the vegetable and animal kingdom. Now when we arrive at brain and spinal marrow in the animal kingdom we have that thing we term mind. As soon as ever we have an animal system and a development of spine and brain, we have a consciousness of an objective world. Now the forces acting upon this, or the forces within itself determine the shape, and here also comes up development under the laws of plastic matter, furnished by the male and the egg of the female. Now the question comes up of the connection of the foetus when it is deposited in the mother's womb. Can any objective force acting on the subjective senses and consciousness of the woman affect the development of the child in utero? We know there is a connection of blood through the vascular systems, so that if these variations of abnormal development take place in the vegetable kingdom without any mind, then these variations of development may also take place in the animal kingdom without mind. So much with regard to the evolution of the subject. Now as regards the sight of disagreeable objects. We know that sudden impressions, a sudden jump, a sudden fright does affect the action of the womb. This is easily explained through the brain and nervous system. This being the case these objects which are offensive to the senses of the refined, ought not to be permitted on our streets. The truth is, that with our civilization no man or woman who is hideous in form, ought to be permitted to walk the streets.

**DR. FAIRBROTHER.**—This is an interesting subject to me. I don't know anything that would contribute to its elucidation so much as the collection of facts, not rumors. We usually have a predominance of rumors, second and third hand reports. I have always been inclined to be sceptical with regard to the matter of maternal impression. Part of these phenomena can only be explained on mechanical grounds. First, because anatomically the foetus in utero is separated from the mother in the nervous system, and in the second place, because we can account for certain amputations by the cord, for certain changes caused by pressure resulting in capillary congestion, and finally, in marks and other deformities on the child, by such unnatural conditions upon the foetus in utero, but we cannot help denying various startling effects which have been attributed to maternal impressions, on the premises of development, and the one referred to by Dr. Coles is in point. And there are others reported by reputable men that bear strongly on this subject. One came under my own observation this summer—this past fall, a case strongly militating in favor of the theory of maternal impressions. A woman of good honest character gave birth to a child without two fingers of the right hand. She said she expected that. She didn't seem surprised at all when she was informed that the hand was deformed in that way, because when she was about three months pregnant, a neighbor came in who lived next door, but she had never noticed his hand before that time, his hand being defective in that respect—being deficient two fingers. The amputation on this child's hand corresponded identically to that of her neighbor. The woman gave such a straightforward account of the matter that one could hardly help giving her credit for its truth.

**DR. PREWITT.**—Dr. Coles raised a very interesting question it is true, but instead of the weight of evidence being against it, the weight of evidence is in favor of it, so far as the public are concerned. It has been believed from time immemorial that maternal impressions do influence the foetus. It is true, as scientific men, we should not be biased by what may be a popular impression of it. Now we are told, that three thousand years ago the patriarch Jacob in order to increase his share of the flocks, placed before the females of the flock, rods that were striped during the rutting season, because the young that were

ring streaked and striped were to be his, and he increased his flock immensely in that way. The fact would not be doubted by a large proportion of mankind, coming to us upon what would be considered unimpeachable authority. Here the impression is supposed to have been made at the time of conception. In regard to maternal impressions influenceing the foetus during pregnancy, the impression ought to be made before the development has progressed to the full shape and form of the child. Now we have a good many deformities in children that are the result of an arrest of development, clearly, plainly an arrest of development. You all understand that, and if we could understand how any maternal impressions could so influence the foetus as to arrest the development, then we could understand how these things might occur. But even then the striking part of it would be that the particular organ—the particular structure should be involved corresponding to the object seen. Take the case referred to by Dr. Fairbrother. The man's hand was deformed and the child's hand was likewise deformed. The impression must not only be an impression from the mother transmitted to the child, but such an impression as would affect precisely the same tissues of the child to give it the force that these ideas would imply. It is only during an early period of pregnancy that the developmental force inherent in the germ determines the shape and form of the child. After a certain period after the organs are formed, how could we expect that they would assume a particular form corresponding to the shape of the object seen? It would be a retrograde process, and not an arrest of development and we can hardly conceive that to be possible. In Goethe's "Elective Affinities" he gives expression to one phase of popular belief as to the affect of mental depression at the time of conception; the husband and mother, the hero and heroine of the story were in love with somebody else than themselves. The husband with some other woman, and the wife with a certain friend of the husband, and at the time of coition each was thinking of his particular affinity, and the conception which took place at this time was followed by the birth of a child, as much like the two individuals as though it had been their own offspring. He simply embodied the popular notion about these cases, but it is a wide-spread belief, and as Dr. Fairbrother says, it can only be determined by facts. Certainly remarkable effects upon the foetus may be



produced through the nervous system of the mother, as shown in the case referred to by Dr. Coles where the child presented burns just where the mother had been burned; almost an exact reproduction of the burns of the mother. It is, of course absurd to talk of the heat having penetrated the mother's body. No such thing could have occurred. It could only have occurred through nervous impressions in some way. It has been stated by some authorities that there are no nerves in the foetal cord; others contend there are nerves and we must admit the probability of their existence. We could scarcely conceive of any tissue in the body containing blood-vessels, that is free of nerves. There must be nerves. There must be vaso-motor nerves accompanying the arteries and vessels of the cord, and I think that it will yet be demonstrated that there are nerves. It is reasonable and probable that there should be. In any event it is not unreasonable to suppose that there should be some nervous influence conveyed from the mother to the foetus, considering the very intimate connection of the two. That such nervous impression should influence a particular portion of the body of the foetus, causing a deformity corresponding to the effects seen by the mother, would be marvelous indeed. Now in Dr. Coles' case in which the child had eyes like a rabbit's, it is probable that the mother didn't see the rabbit's eyes—probably could not have told what they looked like, so that it could hardly be cited as a case bearing upon this subject. If it had had rabbit's ears then we should understand its bearing better. In the case referred to by Dr. Fairbrother, if we admit the fact, we have the child's hand deformed precisely as the hand of the man she happened to see. Now there is nothing but nervous impression, if we admit that the mother of the child was of good character. The deformity of the child corresponded to the deformity of the man. And I must say that a greater number of the profession are beginning to admit the possibility of these maternal impressions than was formerly the case. I must confess I am not satisfied about it. I formerly was disposed to scout the idea of the possibility of any such thing; I am not so certain about it now. In fact these cases that come up now and then, are so striking that it is difficult to dismiss the subject, or get around them. That case where the burns on the child corresponded to those received by the mother is one in point, and how can we explain it? How



are you to possibly get around it? There is no question about the authenticity of the thing, for it is vouched for by men of standing in the profession. But so far as deformity is concerned that is another question. These deformities or abnormalities must occur during the early months of pregnancy, before the foetus is thoroughly developed, when it is possible to arrest the development in a particular portion of the body of the child.

DR. A. GREEN.—This is a very grave question. If we admit the affect of maternal impression, how could that effect the parts that are not yet developed? How could it affect parts of the foetus that are not there at all? Which are in the very beginning of development? But let us go to facts. All these examples of maternal impression can't be proved. It may be true; it may not be true. But there are facts which we can prove and we cannot explain them. Now take, for instance, the case of an Ethiopian who has connection with a white woman, what will be the consequence? The foetus will be pretty near, not exactly, just like one of the European race not only in color, but in the shape of the face, nose and lips etc. What peculiarity is there in the spermatozoa of the male? there is no coloring matter in the blood different from that of the white man to color the deepest layer of the epidermis. There is no coloring matter in the spermatozoa, if there is any different from that of the white race. Let us examine the blood of a white man; there is no peculiarity to distinguish it from that of other races; you can't see any difference at all, not at least between it and the Ethiopian. If you should say there is a peculiar something in the spermatozoa which determines the color of the child; now can there be a particular something in the spermatozoa to affect these parts, as face and lips etc., which are not yet in existence? We are therefore compelled to say, that the spermatozoa is the representative of the future foetus, just the same as the grain or the seed of an apple the representative of the future plant of wheat or apple tree. We cannot unfold the mystery with the microscope, and yet there must be something to cause this effect. Do you suppose that if the mother is electrified that the foetus will not be electrified also? Yes sir, and I think that is the way these impressions are produced. An impression made upon the nervous system of the mother, is impressed upon the foetus, just the same as an electric shock—an electric stream. I

think where there is so close a connection there must be an impression.

DR. JOHNSTON.—This involves the identity of electricity and nervous force. That appears to be the effort of the last gentleman, to prove that nerve power and force is electricity. If you will study Radcliffe you will find there is a difference. I cannot give the exact difference now. Electricity does not follow the nerves, it passes through the body. It is different in its action and is a materially different substance. Now, go back to where we started, with the proposition of the variations of development. I venture to say that there is not a gentleman here who was raised on a farm, but who has seen a great variation and especially deformity in the variation, and this applies to the vegetable as well as the animal kingdom. It has been stated that some physiologist says there are nerves in the umbilical cord. I should certainly like to read that work. I have read a great many and I can find nothing of that sort. There may be a principle in the blood that fabricates nerves, but this is not yet developed into nerves, therefore the gentleman's argument that there must be nerves does not hold good.

DR. COLES.—I remember a story that is told of Governor Floyd, when he was secretary of war, he received a delegation of Indians and one of the Indians remarked that his skin was very dark. "Yes, sir; it is said that my mother, when she was carrying me was chased across a corn-field by a negro." "Ugh!" said the Indian, "and he caught her, too!" I think these marks are so rare that they have to be studied very closely before we can get anything of value out of them. Of course imperfectly developed children, many of the monstrosities that are born, we can account for. We can account for children with two heads or four legs. It is a union of twins, but these peculiar marks, such as missing fingers or a mark upon the skin or an expression of the eye or a peculiar likeness, I say we have to accept such things with a great many grains of allowance because they are so exceedingly rare, but at the same time of think it is but natural that we should believe that all impression—a mental state of the mother or father—should to some extent influence the child. I say it is one of those beliefs which seem to come to a man almost intuitively. It is a difficult thing for a man to dispossess his mind of the idea, a man

naturally lapses into it. Whether or not the mental impression can bring about a special physical deformity is altogether another question. That the disposition of the mother at the time she became pregnant or during pregnancy, may make an impression upon the child, I think is reasonable.

DR. JOHNSTON.—When the woman is drunk or under the influence of opium at the time of impregnation, what occasions the impression then?

DR. COLES.—I don't think it makes any difference whatever, how the child is begotten. The child is not impressed by the manner in which impregnation occurs. Whether the semen is taken up in a syringe or enters the vagina immediately from the natural organ. I don't think that makes any difference. To illustrate, we know that children begotten in a state of drunkenness are influenced by that condition; statistics show that many children thus begotten are idiotic, or with an aptitude for criminal tendencies; Now these things are the result of impressions which are imparted—which are engrafted upon the original nervous system of the child. Such matters are at present beyond our ken, and although we may not be able to tell one spermatozoon from another even by using the most powerful microscope, yet at the same time, in the course of development these peculiarities not only of mind, but of body, do present themselves. These things might also occur after the woman has become pregnant for two or three months, but when we are told of cases where a deformity is said to have been caused by a shock to the woman after the child had been quickened in the womb, I should be slow to believe it. For instance, that a child was to lose fingers or have any deformity, such as a slit lip, I should say the deformity of the lip commenced in the beginning. Many of these deformities such as harelip, etc., can be accounted for. There has been a physical arrest of development in these cases; we need assume no exercise of maternal impression to account for them, but on the other hand that the child is influenced mentally, psychologically by the impression or the nervous state of the parents, or one of them I am disposed to believe. It is one of those things we instinctively believe.

DR. JOHNSTON.—What causes variation in the vegetable king-

dom? You don't recognize any mind there, so you can have no maternal impression.

DR. COLES.—There, doctor, you are begging the question it seems to me. If there is no mind there to be influenced, therefore the only change is a physical one. In a similar manner physical deformities may be brought about in the foetus. I do believe, however, that the child may be impressed psychologically by the maternal impression. I believe that the maternal impression may stamp itself on the mind or nervous system of the child. If we eliminate the idea of anything like a nervous system in the plant, of course we eliminate the possibility of discussing the nervous aspect of the question, taking only the physical defect, and this must therefore be directly attributed to some physical origin.

DR. A. GREEN.—I would remind Dr. Johnston that belief and science are sometimes two different things. True science is what you can prove and if you cannot prove it, it is not science. I have beliefs myself, but those have nothing to do with science. Science is what I know and can prove. I did not say electricity and nerve power were identical, although I think they may be. I said simply if we electrify the mother the child will be electrified also. Then, again, the doctor misunderstood what I said about the grain of wheat. The spermatozoa, it is believed, enters the cells of the ovum, of course we don't know that, we can't see it, and these two cells determine what the organism is going to be just the same as when you take a grain of wheat and give it the necessary conditions, put it in the ground and give it moisture, light, etc., and you will always produce a certain organism.

DR. LUTZ.—I think Dr. Green fails to lay sufficient stress upon the effect that it is possible for the ovum of the mother to exert upon the child as well as the potentialities of the spermatozoa. It is not only the influence which the father exercises upon fecundation that determines the individual, but also the influence exerted by the ovum of the mother, and whether or not as scientific men we believe in maternal impressions, certain it is that the people at large, lay considerable stress upon it and there is often, apparently, at least good foundation for their belief. I have a case in point. On last New Years' day, I was summoned to assist a midwife in delivering a

child. The patient, a woman of beautiful physique, was in her sixth pregnancy. She claimed that she had carried the child over eleven months. On making a physical examination, I found in the vagina, a mass of something that I didn't recognize. The contractions of the uterus had almost entirely ceased. She had been in labor eighteen hours, and the head, I took it to be, had descended into the vagina and seemed locked there. I administered ergot and then applied the forceps to what I considered to be the head. I could bring no force to bear upon it at all—my forceps slipped off two or three times, and I desisted. I succeeded in passing my finger after considerable effort, around what seemed to be the neck, and by considerable traction I delivered the child. The body was very large, so that I was inclined to give some credence to her statement that she had carried her child over term. It had an immense body but the head was deformed; the calvarium being entirely absent. The base of the skull was not developed up to a line above the eyebrows around about at the occipital protuberance. The base of the skull was lined by skin and hair, that is, the natural portion, the portion which corresponds to the cerebrum was covered by hair and skin, and under your fingers you could feel on both sides the tubercular masses which were the undeveloped cerebrum, I suppose, near the posterior fossa of the base of the brain where the cerebellum and medulla oblongata are. These were represented by a very small lump, and they were covered by a very thin membrane, not the external cuticle. I was not able to obtain the specimen which I should very much like to have done and made an examination by removing the cover. This woman positively asserts that three years before this pregnancy she was delivered of a similar child, and in both instances claims to have been frightened at a pig. Now there may not be anything in this so far as we can determine scientifically, but I have no reason in the world to doubt the statement of the woman, that her other pregnancy resulted in a child similarly deformed. I see no reason why Dr. Johnston should doubt the statement of the case of burning, published in the *American Journal of the Medical Sciences*, and subsequently copied into the *ST. LOUIS MEDICAL AND SURGICAL JOURNAL*. It seems to me well authenticated, and just at present I have a case analogous to it which I am watching with interest. About three weeks ago a woman was burned in the sixth month of pregnancy.

The posterior aspect of the left arm and almost the entire back was burned more or less. In some places the entire cuticle and subcutaneous connective tissue were destroyed. This woman is very apprehensive lest her child be marked, and when she is delivered the possibility of such an impression may again be verified. Whether or not, at so late a period as the sixth month, such an impression would result in any deformity of the fetus, I am not able to determine, but it occurs to me that the impression which is made upon the foetus will be determined by the state of development in which the foetus is at the time of the impression, and I don't believe with Dr. Coles that the arrest of developments which result in hair-lips must have taken their beginning early.

I do not believe that the deformity must commence at the beginning of pregnancy. I believe that an impression can be made upon the foetus at any time before the part which is deformed has been thoroughly formed. I don't see why it should not. I have in my dealings come across a widow who was married a second time, and her first pregnancy from her second husband resulted in a child that is an almost perfect likeness of her first husband. The first husband is dead. Now I take it that this is attributable just as much to the mental influences of the mother as the resemblance of subsequent children to the second husband. But I say that this subject of maternal impressions, although we are not able to scientifically express it, is a popular belief, and to my mind, not without some foundation. I think we have no more right to deny them than the populace have to assert them. We have no more foundation, in truth we have less foundation for denying than have the populace for believing that a deformity of a child is due to the fact that the mother has impressed it in some way during her pregnancy.

DR. PREWITT.—Mr. President: I don't see how Dr. Johnston's argument bears upon the point so far as the vegetable kingdom is concerned. The seed of the turnip always develops a turnip, the seed of the radish always develops a radish, and they have certain forms because the law of development is impressed upon the germ which determines the shape of the vegetable. They may be modified by physical laws, undoubtedly, the soil, or pressure made upon them during the process of

growth may change the shape to a certain extent, but that has nothing to do with the question before the Society as I understand it. The germ undoubtedly is impressed by the law of development whether it be vegetable or animal. In the case to which Dr. Lutz refers where the widow marries a second time and the child by the second husband may resemble the former husband to a certain extent that does not imply to my mind, that it is from any mental impression of the mother, but that the whole system of the mother, perhaps, has received an impression and this is transmitted by the law of development. Frequent pregnancies acting upon the nervous system may have influenced the ovum of the mother and it may not have been the effect of any mental impression of the mother at the time of conception. It is an impression that has been made upon the mother previous to conception. Now, so far as the resemblance of the children is concerned, it is not necessary that the mother should know what the father looks like. If a woman were to have connection with a man she never saw in her life, in the dark and never saw him afterwards, the child would resemble the father, simply by reason of the law of development. Then with regard to the transmission of peculiarities, these have nothing to do with the question before the society tonight as I understand it. We all know that peculiarities are transmitted from father to son. We all know that physical deformities are transmitted. A man with hypospadias may have children with hypospadias. The question as I understand it is, whether during pregnancy a mental impression made upon the mother may be so transmitted to the foetus as not only to influence the development of the foetus, but influence it in a particular part to correspond with something that impressed her? That a strong nervous impression might influence the foetus in some way we may deem as possible, but the marvelous part of it is that it should effect that particular part of the child as in the case cited by Dr. Fairbrother, where the child's hand is deficient of two fingers, just as the man's hand that she saw was deficient of two fingers. Now the idea that it might have been transmitted by a developmental law would hardly hold in this case as Dr. Fairbrother bears testimony to the good character of the woman, and there is no reason to suspect her virtue, besides that it may be the deformity of the man's hand is from accident and then we would not expect the law of development to affect



the foetus. He does not state that it was the result of accident or whether it was a deformity connected with foetal development. The question, as stated, is simply whether mental impressions upon the mother may influence the development of the child "in utero." If it does, so it would seem only possible that it could occur during the formative stage of the foetus; before the development is complete; before the various organs have been formed and shaped, just as we see an arrest of development in hair-lip, in hypospadias and in extrophy of the bladder where there is an arrest of development at a certain stage. That a strong mental impression may influence a child so as to cause some deformity would not be so surprising during this period of pregnancy. The mere fact that there should be arrest of development of the child before the complete formation of the foetus had taken place would not be so strange; but the strange, the marvelous part of it is that such an impression should be made on the child as to influence a particular organ—a particular part of the child and that to correspond to some object seen by the mother. That is the marvelous part if we admit it at all.

DR. ROWLAND.—Mr. President: I have taken considerable interest in this subject. I have been a pretty close observer of such cases from an early period of my life, even before I studied medicine, and I am willing to be put on record as favoring the belief that the impressions of the mother do produce an arrest of development of the foetus, do produce mother's marks, so-called. I have no theory to offer to-night. I will simply state some facts in reference to a few cases which have fallen under my observation. Before I was grown I was called in with some others to the assistance of a family where a boy had been caught in a cog-wheel, about a mill. His arm was very much lacerated and contused; the tendons were exposed and the skin corrugated, it was a badly mangled arm. I knew the family well, my parents living near them, and as I learned afterwards, when I became better acquainted with the subject, the mother, at that time, was about three months gone in pregnancy, and at full term was delivered of a child bearing a mark very much resembling the injury received on the boy's arm by the cog. The skin was corrugated, with points resembling contusion, and others very much like an exposed tendon.

DR. PREWITT.—Was it the corresponding arm?



DR. ROWLAND.—It was not on the arm, it was on the shoulder. The most striking case I have seen of this class, occurred about ten years ago in my practice. I was attending a lady who was suffering a great deal from sympathetic vomiting which I found very difficult to counteract, she became much emaciated, so much so that she reclined most of the day. She had a servant, a negro woman, who had a very peculiar squint in both eyes. It would be difficult to describe it—a very peculiar squint. This lady was lying on a lounge asleep one day when the negress went into the room to call her to dinner, and she stooped down over her and spoke to her to awaken her. The lady awoke and the negress's face was very near to her's which shocked the lady very profoundly, she being very weak. The first thing that presented itself to her mind was that her child would be marked. She went to full term and was delivered of a child whose eyes very much resembled those of the negress. Their expression was not so marked but it was decided. I noticed it myself as soon as the child was born. She was very much concerned about it. The deformity became less marked, however, as the child grew older. Another case came under my observation. The patient in this case, a young lady, was peculiarly marked. The mark extended from within the mouth down over the chin and neck, and down on to the breast. It was very rough and unsightly, and as she approached maturity, I was consulted as to the possibility of removing it. I naturally inquired into the particulars of the case as I would otherwise not have taken the liberty to do. The mother informed me that when she was carrying the child she saw a snake lying across a child's breast while it lay asleep on the grass, its head near the child's mouth, which of course shocked her very much. I know this to be a respectable lady and I have no doubt she told the thing just as it occurred. I succeeded in modifying the deformity to some extent.

DR. JOHNSTON.—Did it look like a snake?

D. ROWLAND.—I would not recognize it as such, but it had somewhat the general appearance of one. It was not the same size throughout. It was small near the mouth, grew larger over the neck and again small over the chest, tapering to a point.

DR. JOHNSTON.—At what period of pregnancy was this impression made.

DR. ROWLAND.—If I remember correctly, about the fourth month. There are a great many things in nature we have never been able to account for, and I think it only shows a weakness in us to positively deny an effect simply because we can't account for it scientifically. I believe the deformity may occur at any time before the full development of the foetus.

DR. JOHNSTON.—Now with reference to what Dr. Green said, it is well known that the apple when first discovered was simply a crab-apple, and by cultivation, we have this delicious fruit in all its varieties on our table. We are not discussing what we believe. Belief is nothing, it is scientific facts I want. I regard these variations of development which take place in the vegetable and animal kingdoms as governed by the same law. Arrest of development plays no part whatever, except in the imagination.

SATURDAY May 14th., 1881.

**American Medical Association.**

DR. HURT.—The Society would like to hear from Dr. Maughs, on the meeting of the American Medical Association.

DR. MAUGHS.—Mr. President, I went to Richmond especially as a delegate to the College Association. As I felt some especial interest in that, and I regret to say that the Association was a failure. We failed to get a quorum the first day. On Wednesday we had barely a quorum—17 members being present out of 38 who belong to the Association. We re-elected our officers Dr. Bodine of Louisville for President, Dr. Briggs of Nashville for Vice President and Dr. Connor of Detroit for Secretary. We didn't transact any business. The action of Bellevue College told fearfully on the College Association. It will be remembered that Bellevue started out, as a van-guard of the Association—to lead this reformation. With much advertising they announced the term to consist of three years and a graded course; and ignominiously broke down. The representatives to the college were entirely from the western schools, and they still contended for a three years tuition and a graded course. They thought they might accomplish something at the next annual meeting, when the college would have recovered from the demoralization caused by the failure of the Bellevue Medical College in that direction. The delegation to the general Association was not as large as at the meeting in New York last year, and very naturally, as it is not such a centre of population as New York, yet there were some 400 delegates present. Every State in the union was represented by a very respectable delegation. The president's address was received with much favor and really did him great credit. The whole meeting was one to be remembered. The papers were read in the general convention in the morning and in the sections in the afternoon. Some of the papers read caused an animated discussion. The

hospitality with which the members was received was remarkable, wonderful. Old Virginia with her reputation for hospitality exceeded herself, The members were feasted and toasted on every occasion. The banquet was the finest I have ever seen, and I have no doubt it is the grandest banquet ever given by citizens; of course in a place like Richmond the citizens came to the assistance of the physicians and contributed their portion. It was a truly royal banquet, and scarcely exceeded by the great banquet at the Southern Hotel the other day. I was glad to see that Richmond was getting over the effects of the war. there is evidence of thrift everywhere. Great good will prevailed in the convention, and I believe, taking it altogether, although there was not so large an attendance it was quite as great a success as any meeting of the Association. They adjourned to meet at St. Paul next year. They made Dr. Woodward U. S. A. of Washington City the next president. They respectfully claimed that the army never having been thus honored, it was their turn. He was elected with great unanimity. It was the intention to elect Dr. John Atlee the distinguished ovariotomist. He is an octagenarian, and it was urged that unless elected within the next ten or twenty years, he most likely would not be elected at all. He would have been elected if it had not been for the claim of the army and navy. This very excellent gentleman of Washington City was not present, as he got his leg broken a few days before he was elected for the ensuing year.

DR. STEVENS, was called on and said. I think Dr. Maughs has said all that is necessary. I must say, however, that I was much pleased with all that I saw and heard, and was particularly impressed with the importance of these meetings as relating to the interests of the profession. Heretofore I had been inclined to look upon the meetings of this Association rather as great convivial gatherings than otherwise. I now believe that this organization is, from year to year, accomplishing most important results, so long as the great objects are not neglected, we are fully justified in making the occasion one in which we combine business and pleasure. But you have, I suppose, called me up for some kind of a report of our pilgrimage—well I will just say that on the first of this merry month a party consisting of about twenty individuals, all bearing the title of M. D., except

four young ladies, and they, though not recognized by the fraternity, doubtless each indulged in joyous anticipations of happiness in becoming the better half of a doctor, were all aboard of the parlor-car of the O. and M., road, all in good spirits, and brim-full of a disposition for wit and humor. Our good friend Dr. Jordan had left nothing undone; by his forethought in arranging our programme we were relieved of all care. Our first resolution was to "throw physic to the dogs"—"shoot him on the spot" was to be the sentence of the first one who ventured to talk medicine. With these wise precautions we leave others to judge of our sayings and doings. Our journey was varied by twelve hours travel by steamer from Cincinnati to Huntington; and very soon afterwards we found ourselves in the midst of the dells of the Kanawha; anon, we were threading our way among the craggy precipices and towering heights of the Alleghanies, and in a few hours more the beautiful peaks of the Blue Ridge burst upon our vision. We seized the opportunity to spend an entire day at the famous White Sulphur Spring, and had no reason to repent our resolution. The kindness of the proprietors and their hospitality, manifested in showing us every attention and gratuitously providing for all our wants, form a pleasant reminiscence. Nature and art, it would seem, have vied with each other in forming in this locality a combination of all that can contribute to health, comfort and pleasure. The altitude 2,000 feet above the sea-level, gives to the temperature an average through the summer months as pleasant as can be found hundreds of miles to the north. The purity and transparency of the atmosphere at once attract the attention, especially of the city resident. The scenery is grand beyond description. "Hills peep o'er hills and Alps on Alps arise." We were loth to leave this charming place; our feelings were suggestive of song. All joined in "Home, Sweet Home," and "Sweet By-and-By," awakening emotions carrying our thoughts to those we had left, and forward to pleasure yet in store. I am sure these songs have seldom been rendered with more of an appreciation of their beautiful sentiment.

The next morning found us at the historic capital. Time will not admit a description of all the objects of interest here to be seen—the old state-house, the oldest in America, its halls filled with statues, portraits, manuscript and other relics of early days of the nation. In every direction there is something

of interest; the Washington monument, statues of Clay and Stonewall Jackson, the National and Oakwood cemeteries, the old stone house noted as Washington's headquarters, the battle-field around the city, the Tredegar iron works, the tomb of ex-President Tylor, the grave of Monroe, Libby prison—these and many others came within the range of our observation. The time for the opening ceremonies of the convention had arrived. Mozart Hall was full. Rt. Rev. Bishop Keane opened the exercises by a most appropriate prayer.

Gov. F. W. M. Holliday, then delivered an address of welcome. In eloquent language he referred to historic memories of the old state, and assured us of genuine and hearty hospitality. Our Dr. John T. Hodgen, the president of the Association, was introduced by the retiring officer and delivered his inaugural. It was just such an one as those who know him would anticipate—terse, practical, no redundant verbiage; saying just what he meant and meaning just what he said; full of monosyllables, consequently devoid of all equivocation. Surgeons, especially the younger members of the body, should give heed to the ideas expressed. Each day's programme was admirably arranged—three hours of the forenoon devoted to matters of general interest and the same term of the afternoon to the work of the various sections. Thus in the four days a large number of papers were read and the subjects discussed. The plan of working the sections is admirable in its efficiency. They are at the present time designated:

*First*—The Section on Practice of Medicine, Materia Medica and Physiology.

*Second*—On Obstetrics and Diseases of Women.

*Third*—Surgery and Anatomy.

*Fourth*—On State Medicine.

*Fifth*—Ophthalmology, Otology and Laryngology.

*Sixth*—Diseases of Children.

The six sections meet in as many separate halls, and members attend and participate in the exercises or discussions according to their own tastes, or in accordance with the specialties one may have adopted. Each section has its chairman, secretary and short-hand reporter, and all papers and the discussions go finally to a committee on publications, and thus annually there is added to the literature of the profession a vast amount of valuable matter.

In the surgical section I heard an interesting paper read by Dr. Stillman of New York, descriptive of a wonderfully ingenious apparatus intended for the correction or restoration of deformities, congenital, traumatic or otherwise. The ingenuity displayed its apparently perfect adaption to all the purposes for which it is designed, in the combined action of screws, levers, bands, cog-wheels, slots, springs, pads, etc., certainly entitle the inventor to high commendation and thanks from every individual who is so fortunate as to get the benefit of all this mechanism.

In the discussion which followed the reading and demonstration, much was said in favor of these appliances, and the question came up as to the availability to the profession at large, and also as to the propriety of instructing the surgeon to rely upon the ingenious mechanical devices. One gentleman even went so far as to say, that with collars, pads and adhesive strips, he would as successfully treat all the forms of talipes as could be done by this apparatus. I think after all, that our teachers of surgery will continue to instruct their pupils in such a manner, that they can rely for success upon the means within their reach, and that it will be a long time before these mechanical appliances will become a part of our professional teaching. I have taken up more of your valuable time than I intended, and will only say further, that in this meeting I believe all our anticipations were more than realized, especially such as related to social enjoyments. Each evening during the week had its pre-arranged entertainment, and I am sure, that never during the thirty-two years of the existence of the Association, the citizens or the profession in any place surpassed those of Richmond in acts of hospitality, and everything calculated to make the occasion one of interest and pleasure.

DR. BORCK, on being called upon said: In regard to the instrument that Dr. Stevens has spoken of, I would say that it is a very complete apparatus intended to make extension. I don't think the objection is a good one, as it is suitable to a certain class of cases. It is a nice piece of mechanism. I don't know the cost of the instruments, there is a description of it in the *Medical Record*, and also in some German journal, I believe. There was one very interesting operation demonstrated by Dr. Post of New York, and it is remarkable because the patient

underwent the operation twelve or thirteen times, and he did not then accomplish the operation, as the patient got tired and left the hospital. The doctor called special attention to the flap. It was a plastic operation on the face. It is not a new operation—it is an old one. The patient was 65 years old, and had an epithelioma of that size around (indicating on the board). Now the doctor made an incision in this way—a round incision in this way, and he then takes this flap (indicating) and brings it up to cover this. The idea is this, that there is no traction. When you make a flap straight you have traction; but you have no traction when you make it in this oval manner.

DR. WESSELER, was called on and said: My story is soon told. I didn't go to Richmond to study medicine. I attended the two main sessions and heard the presidents address, and Dr. Hodgen did himself great credit in his annual address, and it was well spoken of by all those whom I conversed with. The next morning Dr. William Pepper of Philadelphia, delivered a most excellent address on "Vaccination." I hope all the members will have the opportunity of reading it, for I think it is one of the best papers I have ever had the pleasure of listening to. I never heard a more comprehensive paper in my life. It covered all the ground and tried to gather all the ideas and present them so that they could be easily grasped. I made use of the afternoons to drive around the city. I wanted to see Richmond—all the interesting points, and to avoid the accident I left early on Thursday morning. I didn't know the accident was going to occur; nevertheless it was very fortunate I left when I did.

DR. POLLAK.—What accident was that?

DR. WESSELER.—Dr. Stevens came very near being upset. Only one man was hurt however, and he was attended by ten surgeons.

DR. WILLIAMS.—Did he die?

DR. WESSELER.—I believe not. Richmond is a nice city, I am sorry St. Louis is not as clean. They have little street cleaning to do, because their streets are paved with boulders, which are naturally clean—no dust; and altogether it is a very pleasant city as far as I could see it, and I saw a good deal. I was well pleased to see the people of the Southern States are dis-



posed to treat strangers as gentlemen, and I have no complaint to make at all. There are some little ways that are different from ours, for instance; you see a colored man standing around with a cart and an old mule with nothing but fish in his cart, and very few of them sometimes; and he doesn't know whether he wants a quarter or a half dollar for them. Richmond is inclined to be progressive and I was rather favorably impressed with it.

**Position in Relation to Injuries of the Perineum During Labor.**  
**By G. Hurt, M. D.**

Since the establishment of the obstetric art on a basis of science, more than a century ago, various methods have been proposed for protecting the maternal soft parts from injury during the passage of the foetal head. And yet, the contrariety of views and opinions, which have found expression at different times is well calculated to suggest the thought, that theory and science are not yet in accord on the subject.

Leaving to others to judge of the merit of the few reflections I propose to offer at this time, I shall endeavor, as far as possible, to make practical observation the basis of my theory. And with that view, I can, perhaps, best illustrate the points to which I desire to direct attention, by stating a case or two, and noting the results in the termination of each.

About seven years ago, I had my first and only case of serious laceration of the perineum. Mrs. D., a primipara, seventeen years of age, small but well formed, was delivered after a labor which lasted about twenty-two hours, of a full sized, well formed, living male child. The second stage of her labor was quite tedious and exhausting, though the pains continued strong, and there was nothing to impede its progress, except the resistance offered by the maternal soft parts. For a full half hour the head of the foetus rested upon the floor of the pelvis, distending the perineum apparently to its utmost capacity during each paroxysm of pain.

When the head was born, I was conscious of a slight laceration of the fourchette, but flattered myself that it was not more

serious than what frequently, and almost necessarily occurs in first deliveries. But between the delivery of the head and that of the shoulders, there was considerable delay, owing to the absence of pain, and I became concerned for the safety of the child, as there was a loop of cord around his neck, and his face became livid and convulsed. This diverted my attention from mother to child just at the moment when the uterus resumed its action with renewed energy, and expelled the shoulders and body of the child quite precipitately. After resuscitating the child, for he was asphyxiated, and separating the cord, I was proceeding to deliver the afterbirth, when the patient complained of pain and smarting at the vulva, and on examination I found that the perineum had been torn entirely through.

The surfaces were immediately brought together and stitched by three silk sutures, one deep and two shallow. But the operation failed, and a second operation was performed three or four months later by Prof. Hodgen, which, though not a complete success, was a great improvement, as it succeeded in restoring the septum between the anal and vulvar orifices, over which the patient has subsequently borne two children without injury.

At the time of this accident the patient was lying on her back with her knees well drawn up and abducted so that her feet came near to and a little outside of the nates, and she was supported in this position by two female attendants, one on each side bearing down on the knees.

This accident so impressed me with apprehensions of its liability to occur, especially in the primiparæ, as to have frequently forced the question of its causation upon my mind as a matter of serious study and reflection, and the possibility that the sharply flexed position of the patient's limbs at the time of the accident might have favored the result, often presented itself.

*Case second.*—In 1875 while I was in charge of the city hospital, a girl about sixteen years old was sent to me from police head-quarters with the request that she be examined for indications of recent child-birth. The examination revealed, among other evidences of recent delivery, a fresh laceration of the perineum. The patient confessed her crime, and, by careful questioning, I drew from her the fact, that at the time of the birth she was sitting over the privy vault, in which the child was sub-

equently found, with her body leaning forward, so that the abdomen rested upon the thighs, a position which must necessarily have put the perineum greatly on the stretch.

*Case third.*—In the Autumn of 1877 I attended Mrs. T., about thirty years of age, medium height and of slender form, in her third confinement. The two first, both girls by a former husband. The second stage of her labor was somewhat tedious, and just as the head began to distend the perinæum, the patient, as a matter of choice took the left side position, with her thighs and knees sharply flexed. The foetal head, which was unusually large, soon became impacted in the soft parts, uterine contraction became stronger and refused to intermit, the perineum appeared to have reached the point of its utmost distention short of laceration, being pushed down so that the foetal occiput rose from under the pubes, and yet the head was so completely enveloped by the expanded perineum that a rupture of the latter seemed inevitable. At this moment, however, the patient, perhaps involuntarily, extended her left limb to a line nearly parallel with that of her body, and coincidentally with this movement, the foetal head passed through the vulva without any perceptible injury to the parts.

This circumstance, which may have been a mere coincidence impressed me still more fully with the idea that sharp flexion of the thighs upon the pelvis, during the last throes of parturition is not conducive in all cases to the safety of the mother, nor the speedy and safe delivery of the child.

Reflecting upon the different results in the termination of these cases, and the possibility of that difference having been determined by the different degrees of flexions of the limbs of the patients at the moment of the passage of the foetal head through the vulva, I became seriously impressed with the belief that Mrs. T. owed her escape from serious injury to the accidental extension of her left thigh, by which, not only the perineum, but all adjacent tissues were relaxed and made susceptible of a greater degree of expansion. The incident was not forgotten, and I confess, it has not unfrequently influenced my conduct in subsequent practice.

*Case fourth.*—Last Spring, 1880, I attended Mrs. H., a primipara, in which the foetal head became so tightly impacted at the vulva as to cause considerable delay, though the uterus was

contracting with great force, and I began to fear that a laceration was inevitable. The patient was on her back with her knees sharply flexed and abducted, so that her position was very nearly that known as the lithotomy position. I requested her to straighten her left leg, and as she did so, the vertex became more prominent and the forehead slid over the perineum without causing even so much as an abrasion at the fourchette.

*Case fifth.*—In October last I attended Mrs. S., a multipara twenty-seven years of age, in her second confinement at term, her first about seven years ago. It was a face presentation, that is, the face presented to the symphysis pubes. The face would not rise into the vulva until the chin had passed out from under the pubic arch, which caused the vertex to dig down and become completely encapsulated by the over distended perineum, where it remained stationary for more than half a minute, although the womb was contracting continuously and with tremendous force. The patient was on her back with her limbs strongly flexed. I requested her to straighten them a little, but her energies were so completely subordinated to the expulsive efforts that she failed to comply, but one of the lady attendants caught hold of the left ankle and drew it down a little and as she did so, the child's head was delivered without any injury to the mother.

These cases will suffice to show how the idea was suggested, and ultimately matured into a conviction, that a sharply flexed and abducted position of the thighs, though convenient and necessary in some cases, is not conducive of the greatest degree of security to the maternal soft parts at the moment of the passage of the child's head through the vulva, nor to the speedy and safe delivery of the child. But if I fail to present a satisfactory reason for my conviction, I shall be accused of allowing a few unimportant coincidences to assume, in my mind the relationship of cause and effect and to form thereby, the basis of a delusion. But I maintain that the conclusions to which I have arrived, and upon which I have acted are corroborated and sustained by the anatomical relations of the parts concerned. The central axis of the gravid uterus is on a line—or nearly so—with that of the pelvis, and extends from the umbilicus in the direction of the coccyx, and crosses the line of the central axis of the body obliquely. A line drawn through the central line of the vulva,

would impinge on the sacrum, crossing the central axis of the pelvis nearly at right angles. Now, if it were possible for the human female to be delivered at term in the erect position with her knees bandaged together, it is more than probable, I think, that the delivery would be effected on the posterior aspect of the thighs. The only obstacle to delivery in that direction would be the perineum, which, in that position would be so completely relaxed as to be easily pushed back by the pressure of the foetal head, especially when antagonized by the resistance of the muscles of the internal aspect of the thighs.

Some experience in gynecological practice enables me to assert that, with a Sims speculum, the perineum can be drawn back several lines further without pain or injury to the patient, if she be either in the prone or semi-prone position with her thighs extended and adducted, than it could if the limbs were strongly flexed and abducted. We find the reason of this in the fact that, in the ratio that the limbs are extended and adducted, the perineum, as also the nates is relaxed and its capacity to expand increased and *vice versa*, in the ratio that the limbs are flexed and abducted, the perineum and nates are stretched, and their capacity for expansion abridged; and hence it follows that extension or moderate flexion and abduction only are compatible with the greatest security to the perineum at the conclusion of the second stage of labor.

The question of the management of the perineum is truly a hackneyed one, but so long as the laceration of this part is admitted to be among the possible, and not unfrequent accidents of the parturient effort, the dread of its occurrence, and the terrible consequences which it entails, must continue to obtrude themselves upon the attention of the thoughtful practitioner, by whom it is impossible to contemplate such consequence to the young wife and mother, just at the threshold of her duties and obligations as such, without feelings of the deepest concern, and he is not likely to view with indifference, or as devoid of interest, any new thought or suggestion on the subject which may be offered for its prevention or amelioration.

I regard the instructions usually found in text-books on this subject as of little and uncertain value. Such, for instance, as a napkin folded and pressed against the perineum with the palm of the hand. I have never been able to discern the practical utility of the napkin, and have often wondered if it did not sug-

gest to the patient the idea that it was intended to prevent the attendants hand from becoming soiled.

Tyler Smith—lectures on obstetrics, second edition, page 365—objects to pressure on the perineum in any form, and advises that it be made directly upon the foetal head so as to retard its progress and prevent a too rapid expansion of the perineum. But to this procedure there is the objection that, in the exact ratio that the perineum is protected by it, the uterus is endangered, and we avoid one accident at the risk of producing another and still more dangerous one. For we should never lose sight of the fact, that among the causes of rupture of the uterus—which is always fatal—obstructions, either natural or artificial, to the free passage of the foetus stand first.

I concur with this author, however, in condemning all efforts for the direct support of the perineum with the palm of the hand as not only useless, but liable to do harm. I also concur with him in the importance of keeping the foetal head pressed well forward against the pubis; though in my experience it is only occasionally necessary to make efforts for that purpose, and when necessary, I do not think the method proposed by him to be the best, for the reason that in any case where there is immediate danger of rupture of the perineum, any effort to insert the fingers between it and the foetal head would certainly increase the danger.

But the points which I wish specially to maintain are, that the perineum is not only relaxed by the extension of the limbs, but the degree of its inclination is increased so as to impose less resistance to the passage of the foetal head, and *vice versa*; in the ratio that the limbs are flexed, and abducted, the perineum and contiguous parts are put upon the stretch, and consequently its resistance and liability to rupture proportionately increased; and while some degree of flexion and abduction are convenient, and, in fact, necessary, I do not believe, after a careful study of the anatomical relations of the parts, that it would be possible for the human female to be delivered at term with her thighs completely flexed upon the abdomen and abducted, without more or less laceration of the perineum, moderate flexion, therefore, is all that should be allowed where the danger to these parts is imminent during the last throes of the parturient effort. But before I dismiss this subject I must report briefly, the facts of a case which came under my observation more recently, and

which, though not an obstetric case, is nevertheless, a case of injury of the perineum, and though somewhat unique in character, is, I think, corroborative of my views.

Daisy H., a little girl aged 5 years, an exceedingly intelligent child and as sprightly and elastic as a rubber ball, was, on the evening of the 20th of February last, playing with her little sister, still younger, in her mother's sitting-room, when she fell and ruptured her perineum. I saw her in a few minutes after the accident, and found a rent in the margin of the raphé on the right side and parallel to it, about ten lines in length, in fact, nearly the entire length of the perineum, though not extending into either of the passages, and from what could be ascertained without resorting to the probe, the wound was judged to be something more than half an inch in depth. The parents were greatly alarmed and distressed, fearing that some irreparable injury had been inflicted, and that an operation would be necessary. But as both the natural passages remained intact, I was prepared to assure them that rest and position with a bandage over the nates would be all that was required, and that the ultimate consequences would probably be trifling. The cure was quite rapid and satisfactory, and it was found impossible to keep the little sufferer in the recumbent position for more than a few days only.

This little patient fell on a smooth and well carpeted floor, and though both her parents were present at the time of the accident, neither of them saw her fall nor were they aware of the injury until the child complained to her mother that she had hurt herself. Neither of them had seen her fall, and supposed that she had fallen over one of the rockers of the rocking chair which stood near the stove on one side, but the child insisted that she had fallen on the floor near the foot of the lounge, and in order to produce such an accident, she must either have fallen on her buttocks with the thighs abducted in opposite directions, or, which I think is the more probable, that she fell on the nates of the right side, while the weight of the body under the peculiar motion which had been given it at the time of falling, or while running, brought such a strain on the integuments of the perineum as to force them to give way.



## DISCUSSION,

DR. ROWLAND.—I will ask Dr. Hurt if he thinks it is impossible the child he spoke of might have fallen on anything?

DR. HURT.—It is improbable, because the rocking chair, the only thing it could have fallen on, was not in the child's way. There is a great deal of adipose and cellular tissue under the skin of the buttocks and the child's body was probably moving in an oblique direction in its relation to the floor when it fell and the weight of the child put the skin of the nates of that side on the stretch and tore it out at the perineum.

DR. WILLIAMS.—An accident similar to the one reported by Dr. Hurt occurred to one of my little girls some time ago, and may throw some light on this difficulty as to how the injury occurred. My little girl was playing in the room and from some cause or other fell, and in falling one of her legs doubled up under her body in such a way that the heel of her shoe caught the vagina between the shaft and the arch of the pelvis and cut one side of the vagina right sharply—a gash some half an inch long, probably. It bled quite freely. I know it was the heel of her shoe because I saw her fall. Probably Dr. Hurt's case occurred in the same way.

DR. JOHNSTON.—There are some remarks I don't agree with Dr. Hurt in his paper. The objection to the doctor's paper is that he is directly in opposition to the authors in this country and in England. The Germans, I believe, lay them on the back. I am not positive. The English, Irish, Welsh, Scotch and Americans prefer the left side. I myself prefer that position with the legs semi-flexed, not too much, with a pillow between them. This is recommended by Hodge and Churchill. All primipara have more or less injury done to the vagina, cervix and perineum in giving birth to their children, but my observations of the perineum have not been confined always to those cases where the perineum was put on the stretch. I have seen cases where the child was small. Frequently it happens that there is no injury when I thought every minute that the perineum would be ruptured. I think it depends, probably, on the temperament of the woman and the condition of the muscular fibers. Hence doctors are often censured for this rupture when they have no power over it whatever. I think on the whole Dr. Hurt's paper is a good one.



Dr. HURT.—I think I can say to my friend Dr. Johnston that the objections he urged are not in the paper. I only insisted that a good deal of flexion may be dangerous to the patient.

Dr. JOHNSTON.—What is that about flexion of the legs?

Dr. HURT.—When I asked the patient to extend the legs my object of course was to get some extension of the thighs. I think Dr. Johnston pretty nearly concedes the point when he prefers the legs semi-flexed.

Dr. JOHNSTON.—I think not. But that leads to the study of the shape of the pelvis. When the head reaches the symphysis pubis it will be necessarily thrown up, and the position of the legs would not change the direction. It couldn't be thrown down on the coccyx. The shape of the pelvis would necessarily throw it immediately out, and no position of the soft parts would make any difference or change, because it depends on the bones of the pelvis and these do not give.

Dr. ROWLAND.—Mr. President: Dr. Hurt's paper strikes me with considerable force, I confess, the idea never occurred to me till it came from him, that rupture of the perineum might be due in some cases to pressure caused by too strong flexion and abduction of the limbs; but since the reading of the paper I remember some cases in my own experience in which I have entertained great fears of laceration of the perineum, in which the head has been retarded in its progress for a considerable length of time while the strong expulsive pains were going on, and without, as I said, entertaining the views that Dr. Hurt advances, I remember having suggested to my patients in several instances, not to flex the limbs, or rather, to straighten them. The point I want to make is this: I think that perhaps there is not a man present who has delivered a great number of women who will not remember that just about the time the head is passing over the perineum there is generally a scream—a shriek. It is involuntary and I think, if my recollection serves me aright,—there is almost invariably a straightening of the limbs where there has been strong flexion. It is an involuntary movement I think. I simply throw out the suggestion as it strikes me. I would like to know if it has been the experience of anybody else, that there is a shriek and a straightening of the limbs to some extent, which would lessen the pressure,

and thereby relax the perineum. I don't wish to claim any credit for this observation of mine. I confess I didn't carry it far enough.

DR. A. GREEN.—Mr. President: I can see very easily that an abduction of the limbs may help to relax the perineum, but from an anatomical point of view I cannot see how flexion of the limbs, a bending of the tibia on the femur.

DR. ROWLAND.—Flexion of the thigh on the pelvis.

DR. A. GREEN.—I thought you meant a bending of the knees.

DR. BARRET.—I was much interested in Dr. Hurt's paper. He has evidently given his subject much thought. I did not get his ideas sufficiently clearly to enter into any criticism of his theory, but must confess that I am at a loss to see how any portion of the legs or body or of any other part of the woman could influence the mechanism of labor. As Dr. Johnston has already suggested the extension of the head depends upon mechanical laws that relate to the pelvis and not upon the soft parts. One objection, however, I think to Dr. Hurt's theory of extension of the limbs is that it precludes or obstructs any effort on the part of the accoucheur to control the labor and to protect the perineum. I am one of those who believe that by judicious management the perineum can be protected. I don't think there are any prescribed ways of doing it, that is, I am not an advocate of any particular method of supporting the perineum, and I know from experience the frequent futility of all methods, but I think that by holding the head back and giving the perineum the necessary time to relax, you can do a great deal to save it. I am sure I have succeeded in preventing rupture in many instances where it would have occurred if I had not rendered assistance. In reference to the temporary cessation of pain, that is characteristic of all labors. The uterus is a very intelligent organ, indeed. It has more sense than we give it credit for. When the uterus contracts and continues to contract for a long time it ceases to contract. When it meets with an obstacle that it cannot overcome, it stops and takes a rest, and the man who gives ergot to spur it up displays less intelligence than the uterus itself possesses. These voluntary rests of the uterus sometimes pass into what Dr. Powers has denominated "mis-

labor." When the head reaches the sensitive perineum, the uterus seems instinctively to hesitate to force the head over this sensitive part, and after the head has been forced over as Dr. Hurt describes in his case, after this great momentary expenditure of nervous force consequent on it, exhaustion follows, the uterus take a rest. After waiting a few seconds a little nervous energy is gathered up and contraction occurs again and the shoulders are delivered. After the head is delivered there is always or usually a temporary cessation of uterine contraction. I don't think there is any way of preventing lacerations of the perineum; they occur, and they will occur in the hands of everybody, but I think great blame attaches to the man who allows a laceration to occur and does not take immediate steps to repair the damage.

DR. POST.—Mr. President: I would like to ask some of the gentlemen if they have found that the administration of chloroform toward the latter part of the second stage of labor has any tendency to relax the perineum or preserve it and prevent rupture? I would like to hear from Dr. Barret on the subject. Leischman holds it to be so.

DR. BARRET.—I think it has an influence in two ways; it relaxes the muscular rigidity of the perineum and diminishes the force of the uterine contraction.

DR. NELSON.—I think it has still another influence in that it diminishes reflex irritability, that chloroform diminishes the irritability that comes from the pressure on the perineum, and so diminishes the suddenness of the action of the uterus in addition to the direct effect on the contraction which Dr. Barret has spoken of.

DR. JOHNSTON.—Now when labor comes on and the child's head comes down to the symphysis pubes and several of the muscles are put on the stretch, the transverse perinei, and several others whose names I don't remember; the tendency is to rupture these muscles. Nature will give a greater force if the woman has power through the nerves, and we all know how the nerves are increased in that portion of the uterus during gestation.

DR. WILLIAMS.—This subject of obstetrics is not my forte, but I will say that while I was in Germany and visiting the lying-in-

hospital at Vienna, where there were thirty or forty cases of labor in various stages at the same time, in the same room, I observed the assistants cut the perineum, a number of times, for the purpose of giving the head more room to escape.. It seems to me this idea of rupture of the perineum is not such a dangerous thing. I saw them do it a number of times. The cut was as much as a quarter or a half an inch anyhow.

DR. ROWLAND.—It seems to me that the text has been partly missed. I understand Dr. Hurt's paper not to suggest that the limbs ought to be straight or anything like straight, nothing approaching it, but that great flexion was referred to as being in all probability injurious.

DR. HURT.—My idea can, perhaps, be best illustrated by the position in which the surgeon puts his patient for the operation of lithotomy. He flexes the limbs as nearly as possible upon the abdomen and abducts them. He has two motives. The first is to get the limbs out of the way and gain free access to the parts to be operated on, and the second is to expand the integuments and fascia. And while these are both important advantages in facilitating the operation of lithotomy, as also some of the manipulations in obstetrics, such for instance, as the touch to ascertain the state of the os, or the nature of the presentation while yet in the upper strait, the application of the forceps, etc., for the two-fold reason that they give free access to the parts, and at the same time shorten the distance to be traversed by the finger or instruments of the accoucheur. But at the supreme moment of the passage of the foetal head through the vulva, whether by the natural forces or by the aid of the forceps. Strong flexion and abduction are not necessary for any manipulations required by the accoucheur, and if my views be correct—that they put the integuments and fascia, more or less upon the stretch, they would certainly increase the danger of laceration. That the bony pelvis governs the direction of the foetal head so long as it remains within its grasp, I am free to admit. But I maintain that at a certain stage of the labor, in some cases, the head is enveloped almost entirely by the tissues composing the floor of the pelvis, which cover it like a hood, and the greater the flexion and abduction of the thighs beyond that degree which admits of the most perfect relaxation of these parts, the more tightly will the cap be drawn, and the greater the danger of laceration.

SATURDAY, May 21, 1881.

DR. LUTZ made a report on the Missouri State Medical Association for which see the June JOURNAL.

DR. MCPHETERS.—I have one remark to make. I think there is no doubt of the fact, that the reason these meetings are not better attended, is that the season when they are held is an unfortunate one, from the simple fact that our State Association meets almost the same time as the National Association, and this keeps many away. I think if we had it at some other season of the year it might be better attended. I think this Association ought never to be abandoned, because we would show a want of professional interest. Prior to the year 1850, we had no State Association, and the Association before the civil war was strong and interesting, I should be sorry to hear that the Association was abandoned.

DR. RUMBOLD.—I am very much in favor of the State Association meeting at another time of the year, I believe our attendance would be better. There are so many medical associations meeting in the Spring. I think it would be well for the different societies throughout the State to discuss this matter and bring it before the Association next May. I would say that the committee of arrangements, as far as I could see, did excellent work. Dr. French the chairman, and the other members of the committee were untiring in their efforts to please every one.

**The Laryngological Society.**

DR. PORTER being called upon for a report of the recent meeting of the American Laryngological Association, said: It may be interesting to explain what this Association is and what its purposes are. Three years ago most of the physicians making a special practice of diseases of the throat and lungs, answered a call to meet at Buffalo, and organize an association for the promotion of knowledge in all that relates to diseases of the air passages. The meeting was successful in every sense, and since then there has been constantly increasing interest shown by its members. These members are few in number, the limit of membership being fifty, but they represent all of the

large cities of the United States and Canada. Among the membership are such honored names as Elsberg, Lefferts, Beverly, Robinson, Bosworth, Cohen, Seiler and Knight the President for the ensuing year.

The recent meeting in Philadelphia was largely attended, and for three days good earnest work was done in the physicians and surgeons hall. Many of the profession from the city were present, and on several occasions gave the visitors proof of their interest. I need not refer specially to all the papers presented. A valuable contribution was made to the subject of lupus of the larynx by Dr. Knight of Boston. A very thoughtful paper on laryngeal phthisis by Beverly Robinson, and a classical study upon the structure of the thyroid cartilage by Dr. Elsberg. Many others, the record of which will soon be made were also read.

This Association publishes its proceedings in the *Archives of Laryngology* a handsome quarterly; now an authority in this country and in Europe. There has been great advance in the position held by laryngologists during the past several years. Several local societies besides the general one mentioned, have been formed in this country and abroad. The recent Laryngological Congress at Milan, and the sections in the approaching medical congress are worthy of mention. I am glad to say that the practice of laryngology has ceased to be an experiment and that the efforts now being made, are resulting in rich contributions from all languages.

#### Hydatid Mole.

DR. FISCHER.—I should like to present something to the Society, not because it is new but because it is pretty. I presume many if not most of the members of this Society have seen hydatids that have been passed with the chorion. This is a very large specimen, and, I think, beautifully preserved. The history of the case is that the lady who passed them is a primipara, 22 years old and of very delicate health, who has been married about one year, and who, six months ago, first missed her courses, and for three months there was no appearances of the menses whatever. After that, at intervals of about two weeks, she flooded somewhat. During this time—within the last three months—she suffered frequently from nausea and was altogether very uncomfortable. This morning, very early, the

midwife, who presented me with this specimen, was called and found her suffering very much, and on making an examination she found a soft mass, and on introducing the hand into the womb these were discharged. She didn't know what they were and became rather anxious and remained with the patient until the chorion was thrown off. The patient during the expulsion of the hydatids suffered from nausea and vomiting. She could retain nothing on the stomach. When she took a little ice or water it was no sooner swallowed than great retching came on. The hemorrhage ceased after the chorion was expelled, and immediately after that time the midwife brought this specimen to me, and I thought I would present it to the Society, and get from those more conversant with the formation of these hydatids than I am, something of the pathology. This is one-half the quantity passed. The abdominal dimensions of the woman were exceedingly large. She seemed to develop this increased dimension very rapidly. I mention this because I believe that this is one of the features by which to make a diagnosis of the formation of those cysts.

DR. FAIRBROTHER.—Mr. President, I would like to inquire if these hydatids are not mere additions to a blighted ovum, if they have any connection with pregnancy, if their existence does not imply a blighted pregnancy necessarily? If they occur under any other circumstances? We have had several moles presented to this society from time to time, and discussion upon them and their difference from this specimen is so slight that it does not occur to me.

DR. BARRET.—I would say, Mr President, in reply to Dr. Fairbrother's question that, of course the presence of hydatids in the uterus indicate that pregnancy has occurred, it is evidence of pregnancy. These hydatid cysts as I understand it, simply consist of development of chorial villi. Hewitt, who has given more attention than anybody else to this subject asserts that when the placenta undergoes hydatid degeneration it is the consequence of the death of the foetus, and the death takes place before the development of these cysts begins. That is true in most cases, and in the large majority of cases we find what is found here—no trace whatever of the foetus. There is no trace of the foetus in the large majority of cases. Again the development of hydatid cysts does not necessarily involve the death of the foetus. Living children have been born in which there was some development of hydatids in the placenta; so that the development of these cysts is not necessarily the result of the death of the child.

**ARTICLE XXIII.**

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**THIRTY-FIRST ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY HELD IN METHODIST HALL, CHICAGO, ILL., MAY 17, 18 AND 19, 1881. [Reported for the JOURNAL by A. H. OHMANN-DUMESNIL, M. D., of St. Louis.]**

[ Continued.]

**REPORT OF THE COMMITTEE ON SURGERY By DR. CHAS. T. PARKS  
of Chicago, Chairman.**

The report is made up of a compilation of published items mainly. No attempt has been to cover the extensive field of surgery. The management of wounds is a subject close to the heart of the surgeon and full of interest to him. He should inflict no wounds if possible. A great interest has been felt in this subject of simple wound treatment. The antiseptic treatment has become very generally adopted. The older men stand aloof and give it but a halting acquiescence. Until lately, nothing but praise was betowed upon it, but lately surgeons have given up a part of the methods and they claim that it acts as well. The spray has been discarded by many on the continent, some claiming this to be better, and using instead a carbolized irrigating wash. From the midst of different opinions expressed, the following seem to be agreed upon by all as necessary conditions in wound treatment: 1. Free drainage; 2. Close coaptation; 3. Perfect rest.

1. Free drainage must be such as not to have a flow of the liquids dependant upon the tissues or antagonistic to gravity. The rubber tube has been used for this, but it has the disadvantage of leaving a sinus. It is sometimes left too long—72 hours marking the maximum limit for its retention, after that the longer it remains the more harm it does. Capillary drainage has been accomplished by means of horse-hair, cat-gut or strands of silk-worm gut, which last is the best. They do not swell nor do they come in close contact.

Neubauer's resorbent bone-tubes have been used for nearly two years, and there are no objections to them except their high



cost. They are decalcified bones and carbolized. They drain freely and are absorbed, so that after their insertion no further care is necessary. The period they remain as drains is from three to five days.

Dr. McCluren of Glasgow uses chicken-bones for the tubes, and they are the best. By means of his suggestion the tubes can be made at a nominal cost, and remain unabsorbed for eight days. The clogging up of the tubes can be prevented by putting horse-hair in them and then removing it.

2. Close coaptation cannot be secured or maintained in the presence of bleeding vessels. Prof. Lister's catgut ligature is safe and considered the best. It has stood the trial and no trustworthy evidence brought up against it. The great objection is that it may be absorbed too soon and lead to secondary hemorrhage.

Torsion can be safely depended upon when well and safely done, and it has been applied to the largest trunks, in London. In a small vessel it is simply twisted off. In the larger the vessel is taken at right angles and turned slowly until there is no resistance. Here there is no foreign substance to be removed by softening and no danger of not well tying.

As to ligature, none produces as little irritation as the silk-worm gut. It is not as expensive as the silver wire and but little more so than silk. It is not so stiff, but as durable as wire and more reliable than silk. It can be removed without discomfort. It is no uncommon thing to see a suture eating its way out. The readiness with which catgut is absorbed has prevented its being used as a suture. To steep it in a solution of chromic acid is claimed to obviate this; it will then resist absorption for fourteen days. This is the manner in which it is being used by Dr. McEwen of London. Prof. Lister lauds its usefulness, after submitting it to trying experiments. Stay sutures when secured to pieces of lead will secure good coaptation.

3. Perfect rest is obtained by the equable pressure of splints, pads and bands. Listerism, above all other things, tends to secure rest that will lead to speedy repair; besides it prevents fermentation and blood poisoning, which may prove fatal. Lister has had the good fortune to have extensive wounds unite throughout without any pus or discomfort. The process is often difficult to carry out, and sometimes impossible, but his confidence is steadfast and powerful.

Alex. Ralston of Aberdeen, made 101 trustworthy experiments on the presence of micro-organisms (micrococci) in the pus and fluids of acute inflammation of the tissues of the body. He found that the severity of the inflammation is proportional to the number of organisms present, and that as the symptoms disappear they decrease in number.

The injection of the products of inflammation into the cellular tissue of animals, produces blood-poisoning and local abscesses. The intensity varied with the virulence of the fluid, the rapidity of elimination and the strength of the animal. The blood of the animals after the injection showed the presence of micrococci. They are never found in cold abscesses; but are rapidly produced when exposed to the air. Spray or irrigation of carbolized water will keep it free. Callender's fluid caused the disappearance of micrococci and they never appear on fresh wounds under Listerism. This assuredly shows the benefit of antiseptics in the treatment of wounds.

Varicocele.—A prominent surgeon of the East lately said in public, that he knew of five deaths resulting from the subcutaneous ligation of veins.

Not only is the operation followed by fatal consequences, but sometimes in mutilation, sloughing off of the scrotum and testicle. Gantt says that the consequences are variable. Erichsen has observed two deaths, Gross one, Curling two, etc. Dr. R. G. Bogue of this city, gave to the Cook Co., Medical Society a plan of treatment promising the greatest degree of success.

An incision is made in the scrotal walls and the veins are exposed. These are ligated, the ligature being cut short—gut being used together with carbolized dressings. No accidents follow and there is scarcely any pain. In the ordinary method of ligating, the venous circulation is cut off *in toto*, and you may easily imagine what consequences may follow.

Basing an opinion on a few dissections of the scrotum after ligating, I am of the conviction that it is only through good luck that enough circulation is left, in the ordinary operation. The danger of phlebitis is present to a great degree, which is prevented by exposing the veins and ligating with gut.

I have had two cases of complete division of nerve trunks, The ends were approached and sewed with fine cat-gut and nerve function restored. One case was that of an incised wound of the hand. The sheaths of the flexor tendons were

laid open, the ulnar artery and nerve and the flexor carpi ulnaris were cut. The tendons and nerves were approximated and sowed and antiseptic dressings applied, the hand and arm being immobilized. On the fourth day the dressing was removed. On the seventh day all sutures were removed, there being sensation in the little finger only. Three weeks later motion and sensation were completely restored.

The other was an old injury also of the ulnar nerve. There was absence of sensation and motion in the parts supplied by it, for eighteen months. The extremities of the nerve were separated three-eighths of an inch and were bulbous. The ends were snipped off and then stretched and fastened together. The arm was immobilized in a semi-flexed position and antiseptic dressings applied. In ten days the wound had closed; on the sixteenth day the area of sensation had increased in the back of the hand. In four months motion and sensation were established. The best results are obtained by the suture of a nerve immediately after section.

Quite a number of operations on nerve trunks have been performed, in cases otherwise hopeless. Stretching of the great sciatic nerve for sciatica; for the fulminating pains of locomotor ataxia, Langenbeck has stretched both the sciatic and anterior tibial nerves. Esmarch has stretched the cords of the axillary plexus with good results. Ellenmeyer's case was a failure because performed too late. Charcot attests the good results from this operation, but can give no explanation. At no distant time the uncertainties of its application will disappear, and its proper time and place will be determined.

It has been used for persistent neuralgias, and is as good as sections of the nerve. Paralysis is the immediate result, but disappears in some little time. In the tetanus with spasm it is a good procedure.

I have made some experiments on the tensile strength of nerve trunks. The force was applied at right angles to, and parallel to the fibres. A loop of small rope was placed under the nerve and tightly bandaged above and below, and the weight slowly added, consisting of water in cans. In the longitudinal tension the limb was allowed to hang in a line parallel to the force, and the cadaver was held by a tripod.

The median nerve gave the following results:

With the force at right angles it ruptured at 57½, 64½ and 85

lbs. with the force parallel at 52, 36, 34½ (stretching 3 inches) and 34½ lbs. (stretching 2½ inches.)

The Radial nerve bore a force at right angles as follows: 20½, 18½ and 19 lbs. The other force up to 8 and 14½ lbs (stretching 1 inch.)

The Ulnar nerve gave way under forces, at right angles, of 43½ and 49½ lbs. When a parallel force was applied it gave way at 20½ (stretching 4 inches), 20½, 18 and 18½ lbs (stretching 3½ inches.)

The Temporo-facial ruptured after 5½ lbs had been applied. The main trunk could not resist a force of 7½ lbs.

The Anterior Crural nerve required a transverse force of 80, 111½ and 90½ lbs; whilst a longitudinal force of 58½ lbs stretched it 2½ inches, and one of 63½ lbs stretched it 3 inches.

The Sciatic nerve required a transverse force of 211 lbs, another at 200 lbs broke the iron hook and at 226 lbs ruptured. The cauda equina was generally pulled out before rupture of the nerve could be accomplished. In a fresh cadaver a force of 92 lbs stretched the nerve 4½ inches pulling the cauda; and on the other nerve? 78 lbs sufficed to accomplish the same, the amount of stretching being 3½ inches.

These experiments convince us of the great strength of the nerve trunks, and it seems scarcely possible to rupture them by pulling with the finger, sound or director. It also shows that the force used is transmitted to the spinal cord at the point of origin, and if the nerve be ruptured here it will induce paralysis.

The amount of elongation is pretty constant in all the trials given, and might, perhaps, be a guide to the amount of force to be used in nerve stretching.

#### **CASE OF COMPOUND FRACTURE OF BOTH BONES OF LEG, IMPLICATING THE JOINT. Sub-report on Surgery. By DR. DAVID S. BOOTH of Sparta.**

The patient W. W——, is 68 years old. He was found in a helpless condition and the history of the case is contradictory, the train conductor saying that he was intoxicated, and the patient denying it. The patient accuses the conductor of pushing him off of the platform, which the other denies.

When seen the countenance was blanched, the eyes sunken

and the pulse feeble. He was given whisky. The wound was an inch and a half above the ankle—horizontally around the leg, extending to the bone and within a half-inch of the tendo achillis. The tibia was fractured an inch and a half above the joint. The foot was everted and the lower end of the upper fragment, prominent. Contrary to the rule, I explored the wound with the finger to note its depth and to clear it. The age and previous habits of the patient precluded amputation. After clearing with water of one-fortieth strength of carbolic acid; the soft parts were brought together and closed with silver sutures and rubber plaster, the drainage being accomplished by a spiral roller. The leg was placed upon a double inclined plane and opium given. Carbolized water was used as a lotion. The foot, however, became everted as soon as the splint was removed. After ten days, Day's side splint was placed upon the inside of the leg and foot, and a support outside. This was continued six or eight weeks, and the patient gained in flesh and strength; but, whenever the splints were removed the foot became everted. All the methods employed failed, nothing but the skin healed.

I called in Dr. Hodgen, who suggested the removal of all the dressings and turning the patient loose. At present, nine months after, the parts are as when he first removed the dressing; the foot is everted and can bear but little weight.

Now what can be done for this patient? How would tenotomy of the opposing muscles do? Amputation may kill the patient.

#### NEW SURGICAL PROCEDURES, by DR. WM. BYRD of Quincy.

The surgeon who simplifies an operation, or who makes it less dangerous is a real benefactor to his race. The destruction of the superior maxillary nerve is not unfrequently demanded. Dr. Gross, in referring to Carmichael's operation, says that it involves the use of too many instruments. In the middle of last July (1880) Mrs. Powell of Shelbyville, came to me to have the maxillary nerve excised. I thought of Hodgen's operation, but the objection to it is that hemorrhage may ensue, and a clot form which may probably destroy the eyesight. I made a V shaped incision at the point of the nose, ran a "devil" instrument behind the eye, crushed down the bone and cut the nerve, leaving a drainage tube in.

A lady came to see me, who had been suffering for fifteen years with trouble of the frontal sinus. I cut off the frontal bone, and found beneath a cheesy mass and dead bone, which I removed, the ethmoid bone being almost entirely taken away.

In operating on the trachea I have used the tube. I operated for œdema of the glottis, leaving a physician to watch the case and the patient had strangling and died before the other woke up. Martin's wire for holding the trachea open is not open to this objection. The difficulty of performing this operation on a fat child, is that your incision makes a deep well, and it is difficult to catch a suture and pass it through. I take a sewing machine needle, heat it and bend the pointed extremity almost at right angles, and hold it in a jeweller's pin-vise. Drop it longitudinally in the wound, and then pass it through the skin catching the suture.

REPORT OF THE COMMITTEE ON OBSTETRICS. By DR. H. WEBSTER JONES of Chicago, Chairman.

In a paper written by Dr. J. T. Johnson of Washington, the comparative growth of gynecology into a specialty is given in a brilliant manner. This also shows the preponderance of uterine affections. Whether this is due to the greater amount of observation devoted to them, or to the manner in which obstetrics is practiced is a question to solve. Lusk says that two or three rash or unskillful practitioners have kept a gynecologist occupied.

We can further agree, with the author quoted, that the fault does not lie at the doors of our alma maters, but the failure is chiefly in our post-graduate course, so to speak; when that ancient axiom about meddlesome midwifery seems a god-send, and we ignominiously leave our patient. When we assume recklessly, the cases of grave obstetric procedure.

I do not hope to provide you with curious novelties. I only wish to re-dress old truths, that may not prove uninteresting.

The preliminaries must be well attended to. It is necessary to have a thorough acquaintance of the subject, and to secure the confidence of the patient. The social and hygienic bearings must be noted, and the patient taught useful sanitary rules. Uterine alteratives are to be given if necessary, astringents cautioned against, and even the minutiae of the bed and person

attended to. Finally the physician must describe the signs by which the woman may distinguish the approach of labor, and prepare and compose her for the event.

The accoucheur first washes his hands and cleans his nails, and the subsequent examination determines the position of the child and the prognosis. If the pains are sufficient to dilate the cervix to the size of a dollar, he can put two fingers in it and gently dilate it. Useless and injurious outcries are to be stopped. If the os is rigid and the pains insufficient, opium is to be given together with hot water douches.

If the os is hard against the sacrum, it is drawn gently and decidedly to the center of the pelvic cavity.

As the head descends much comfort may be obtained by the pressure of two fingers upon the coccyx and sacrum. Should the head be stationary, after one hour's hard pain, artificial aid should be given, and if the patient is composed, no anæsthetic will be necessary. When the head has advanced or the perineum extended, the forceps are to serve as a guide.

An educated hand over the abdomen should be pressed on the uterus. The head is born, then the lower arm, then the upper and finally the hips.

The perineum, vagina and cervix must be examined to discover any accidents. If the placenta is in the vagina it must be removed; if not, traction is to be made on the cord, if the uterus is globular. If inert, massage, or ergot is to be judiciously applied. Always search for any remnants of the placenta, if any remain. Then the hot carbolized solution is put in, until sepsis is not probable. The physician can leave two hours, or at the least, one hour after the delivery of the placenta.

Laceration of the perineum should be treated by a primary operation, by suture and the lateral or prone decubitus enjoined.

In conclusion, the patient should be visited every day, the pulse, hypogastrium and ankles examined. The bladder and rectum should be emptied, but no laxatives given. The recumbent position should be enjoined until the lochia have lost their color and the uterus is no longer felt. If blood reappears the same decubitus must be assumed and hot water douches applied twice a day. Operations are best postponed until eight or ten weeks have passed.

The following suggestions are worthy of attention:

1. An intelligent confidence, one thoroughly established between patient and physician does much to banish the terrors of the lying in room.

2. It is possible to foresee and prevent the occurrence of the almost fatal form of eclampsia gravidarum.

3. Cleanliness is especially next to godliness, in the case of the accoucheur. Its absence renders one liable to professional homicide.

4. The modern midwifery must not be meddlesome, but must be mediatorial in the sense of palliating suffering, expediting nature's processes by well proven means, and removing scientifically all inexplicable, accidental or morbid states and conditions. Idleness is no longer an approved qualification for a degree of obstetrics.

5. The hand is the best uterine dilator.

6. The forceps should never be employed until the os uteri is dilated or dilatable, and then not unless the membranes have been ruptured and labor delayed unnaturally for at least an hour. Every practitioner should become skillful in their use and they should never be left at home for fear of temptation.

7. Unnecessary and avoidable delays in labor are fruitful sources of gynecological practice. They promote inflammation and sepsis.

8. The patient's hopeful confidence, and the physician's industrious attention, actually contribute to the physiological element of labor. Anæsthetics here, are, to say the least, superfluous.

9. Bi-manual aid in effecting the deliverance of the placenta, is not only proper but advisable. Skillfully rendered, the cry of "uterine inversion" becomes no longer a bug-bear.

10. The continuous and intelligent counter-pressure over the fundus uteri during the child's exit, the delivery of the placenta and the period of frequent oscillation, be that a shorter or longer time is a safeguard never to be neglected.

11. Pursuant to the same end, the application of the bandage and its continuance, as long as the uterine globe can be felt and embraced by it above the pubis, contributes not only to



comfort, but to speedy involution. After the seventh day, close pressure must be interdicted.

12. Puffiness of one ankle, with tenderness of the corresponding groin, and an abnormally quickened pulse, with or without copious sweating, noticed within the first ten days after labor, betoken the presence of phlebitis, and the possibility of embolism or thrombus, and resultant sudden death.

13. The duties of an obstetrician are not concluded until a careful examination, from six to eight weeks after parturition, proves the integrity of all the organs concerned.

#### DISCUSSION.

DR. DELASKIE MILLER, of Chicago.—I entirely approve of the report and am delighted that the committee should present a subject, considered so simple. The functions of parturition are more complicated, and tax the resources of nature more than any other. Nature performs the work and in the lying-in room, the physician should be considered the assistant of nature, and as long as he remains in this position he cannot come under the ban of medlesome midwifery. I rise only to commend the paper to all who have heard it. There are two points I wish to refer to, because they have more extensive bearings to gynecology than is generally supposed.

The author refers to rigid os, and gives judicious directions to overcome it. This disposition depends upon different conditions. The simple course suggested may be sufficient in some, but others may be present also aiding to delay parturition. To comprehend this we must study the efficient, determining causes labor. The maturation of the ovum is attended by molecular changes, by which the ovum is loosened from its connection with the uterus. This should occur in every labor at term; unfortunately it does not. When such is the case, the contraction is unable to dilate the os, because the bag of membranes cannot protrude through the os, and acts rather as a ligature holding the os in its position. In a perfectly normal labor, the membranes separate and protrude. This is not the case when maturation of the ovum is not complete. The consequence is that the uterus contracts, not efficiently but powerfully, the os not dilating. The uterus increases in force and laceration takes place. Can that be obviated? It can be. Pass the finger

between the membranes and the uterus, and carry it around the uterine circumference, as far as possible, and the consequence will be rapid dilation.

In the second place, the cause of ruptured perineum depends often, I believe, because the attendant does not recognize the relations between the body of the child and the tissues. He permits extension to take place prematurely; and if he allows this, the occiput comes under the arch of the pubis, the tissues cannot accommodate this elongated diameter and a tear ensues. Compel flexion until the occiput has passed the arch and the perineum will be saved.

**A FEW PRACTICAL HINTS ON GYNECOLOGICAL SURGERY**, being the Report of the Committee on Gynecology. By DR. J. W. DORA of Mattoon.

After making some preliminary remarks, the author proceeded to say that gynecology, as a science, was still very young and in its infancy. There are many influences retarding its progress. The orthopædic surgeon, the aurist and oculist give frequent clinical demonstrations of diseases; but this is not as feasible in gynecology and obstetrics. The future may effect a change in this respect. Again, in a newly opened field of science, the spirit of dogmatism is very common and tends to retard its progress.

Many will remember, that twenty years ago, after Simpson of Edinburg, popularized tents, injections and sounds, they were indiscriminately used. Intra-uterine injections may do mischief and they have been assigned their proper place.

The cervical section of Sims and Simpson, has been grossly abused. To day it stands on its proper basis as a valuable resource in sterility and obstructive dysmenorrhœa; and Emmett's operation is undoubtedly of great value, although it is still abused.

At this present time, a certain surgical mania seems to be moving surgeons to slit and close up every cervix, through which a child has passed.

Let there be general hospital facilities for observation and demonstration, and dogmatism will disappear. The two operations referred to, are perfectly legitimate ones, when properly done. In the treatment of obstructive dysmenorrhœa from a conical os and constricted canal, a partial incision is necessary.

Introduce the speculum, produce analgesia, dilate rapidly, put in the narrow blade of Emmett's incising scissors; cut on both sides up to the vaginal junction, put in a cotton tent with a strong solution of carbolic acid for twenty-four hours. In a few days introduce graduated sizes of tents; it is a harmless measure and there is no operation in gynecology, perhaps, more delusive and disappointing than cervical section. In some cases, it holds out the only hope of relief.

In menorrhagia or metrorrhagia from fungosities, a single application of Thomson's curette, or of carbolic acid and iodine solution to the uterine cavity will often effect a cure, the neck being tamponed with cotton.

Anæsthesia is a great boon to gynecological surgery, as all the operations are painful and long. Patience is greatly necessary. In 1846, anæsthesia was given to the world, and gynecological surgery dawned into light. We assume the position that enlightened conservative surgery is the pivot around which gynecology will revolve, in the future. Not that the claim of surgical means is advocated above the medical treatment, for there is no clashing here.

There is a large class of conditions due to labor; lacerations of the cervix and perineum. They are not only the cause of septicæmia, but of sub-involution of the vagina and uterus, and and the cause of chronic diseases of the viscera of the pelvis. Repair as soon as possible, in an injury fraught with danger, immediate and remote, has always been my practice. If the primary operation fails, nothing is lost, and as soon as the lochia cease, I practice the perineorrhaphy of Jenks of Chicago. The paper closed with a description of the operation.

**DYSMENORRHEA; ITS ETIOLOGY AND TREATMENT, being a sub-report by DR. ELLEN A. INGERSOLL of Canton.**

Painful menstruation should be exceptional. The proper intuitive balance between waste and repair is destroyed. There are derangements of the nervous system and its reflex accompaniments. There is pain in relation to the amount of flow and to other causes. The anæmic condition is a cause. Again, a number of cases are of a congestive or neuralgic type, and it is in this class that we can hope to effect a permanent cure, although not so brilliant as in those having flexions, etc.

It is a fixed fact, that the whole membrane of the uterus is thrown off at each menstrual period, and every degree of suffering from a few slight pains at the beginning, to the greatest agony, is experienced.

In many cases the pathological condition of the mucous membrane is associated with some active uterine neurosis. The circular fibres of the neck, are like the condition found in stricture of the urethra, bronchiæ or trachea. Flexions of the cervix, at puberty or a little after, are from want of balance, in relative growth of the cervix and body, and the flexure occurs at or near the vaginal junction. The cervix may become flattened from congestion; but in flexures the pain is very great.

Dysmenorrhœa, during the flow may occur in other forms, but it is rarely absent in flexion of the body.

The treatment is both general and local. The general treatment is to be directed to the immediate symptoms. Hepatic and uterine derangements are closely connected. Late physiological experiments have shown, that if the cholesterine is not eliminated from the liver, the nervous system suffers derangements, Mercurials, Berberis, Cascara sagrada, etc., are indicated.

Hygienic measures are indicated. General and local electrization, together with tonics, and the removal of all superfluous weight of clothing from the hips, is to be followed by its transfer to the shoulders. Exercise and proper food are also called for.

The doctor is usually called for where immediate relief is needed. Among the numerous teas, German chamomile given at the beginning of menstruation is among the best. In the marked spasmodic or neuralgic type *Piscidia*, *Pulsatilla*, *Viburnum* and a mixture of aromat. spirits amm., ginger and chloroform where opium is not tolerated. If the habit of dysmenorrhœa continues, an examination must be insisted upon and a condition requiring medical or surgical treatment will be found. In spasmodic stricture of the muscular fibres of the cervix as in stenosis, dilatation is most efficient. The hollow laminaria tents are the most successful, as the fluids can discharge through them.

Flexions of the cervix predominate, and are mostly due to causes affecting the general condition in early menstrual life. Dilatation and the faradic current and routine treatment are

very satisfactory in those cases. Flexions of the body, are the result of present or past cellulitis. There are many operations for division of the neck, but the degree of success by which they are attended does not seem to be great.

Polypoid growths are met as a cause of dysmenorrhœa. I have seen a case some 22 years old, in which they had existed for the last two or three years. The patient suffered intensely. There were clots, the flow was scanty, and the uterus the size of one two and a half months pregnant. There were two mucous polypi, one at the external os and one within. There was great congestion and swelling. They were removed two years ago, and followed by a perfect recovery.

Pessaries, I will not discuss, as they are more allied to flexions and versions than to dysmenorrhœa.

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#### ARTICLE XXIV.

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#### Periscope.

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**A NEW LIGATURE.**—Mr. Croft recently tied the external iliac artery of a patient at St. Thomas's Hospital with a carbolized ligature made of kangaroo tendon. The patient had an ilio-femoral aneurism. The ligature in this case acted admirably; pulsations ceased, the wound soon healed, and three weeks after the operation there was every prospect of complete recovery. The ligature is very easily prepared, and does not, it is said, alter with keeping. It is tough, it is flexible, and it is flat.—*[Medical Record.*

**EXPERIMENTAL RESEARCHES IN THE ABSORPTION AND ACTION OF METALLIC MERCURY.**—Dr. Paul Fürbringer (*Virchow Archiv.*) says that two questions remain to be solved with reference to this subject: 1. Does the metallic mercury of gray ointment penetrate as such into the system in ordinary inunction? 2. Is the metal oxidized by contact with the juices of the system—that is, is it changed into an active soluble form? Fürbringer

says that the first of these questions has been answered, first affirmatively, then negatively, by successful investigators. The second question has only been investigated in the reagent glass, and the result transferred to the account of the organism.

In investigating the subject, Dr. Fürbringer divides the first into three parts, depending on the method of absorption: (a) in the place of application, by mechanical passage of the globules through the skin; (b) by breathing in vapor; (c) by the penetration of the vapor through the skin.

After giving a thorough examination of the rather contradictory results obtained by previous observers, Fürbringer details his own careful experiments under three heads. Following are the conclusions which he has reached:

1. By inunction with fresh gray ointment (free from oxidized mercury) into the intact skin and mucous membrane metallic globules are forced into the hair follicles and sebaceous follicles at the site of application, and under the influence of the glandular secretion are changed into a soluble absorbable combination.
2. The mercurial vapor taken in by respiration condenses in metallic form on the accessible portions of the mucous membranes, and remaining there is gradually changed into an absorbable, soluble oxidized compound. On the other hand, neither do the metallic constituents of gray ointment penetrate the uninjured skin at the point of inunction, nor does the metallic vapor penetrate through mucous membrane or skin, to exist as such in blood. In abraded skin, however, opportunity is given for the passage of metallic mercury into the circulation at the point of inunction by the existence of bleeding points in the skin. So soon as metallic quicksilver comes into contact with the living blood it is changed into a soluble active compound. Apart from the mechanical penetration of metallic mercury, the drug can only get into the system as above mentioned, by becoming changed into some soluble salt when in contact with some denuded spot.

In some comments upon these investigations, Dr. H. C. Wood, of the *Philadelphia Medical Times*, says that Fürbringer's results, although in contradiction to those of several investigators of distinction, appear to be founded on such complete and careful experiments as to make it likely that they will influence the pre-

sent views on the subject of the absorption of metallic mercury.  
—[*Lancet and Clinic*.

**THE TREATMENT OF GONORRHOEA.**—About six feet of quarter-inch soft rubber tubing is attached at one end to a small lead pipe, which admits of being bent so as to hang over the edge of a bowl, or other suitable vessel, and dip down to the bottom of any fluid it may contain. To the other end of the rubber tube is attached a soft rubber catheter, No. 6, in the end of which are made about eight small openings instead of one large eye. The patient is directed to sit near the edge of his chair, so as to leave the urethra and perineum in a relaxed condition. In the bowl is put a weak solution of Condyl's fluid, and then placed on an elevated stand as a shelf or sideboard. The temperature should be that of the body. The syphon action of tube and catheter is established, and then compressed by the finger and thumb. The catheter, after being anointed with vaseline, which suits better than any other lubricant, is gently passed up the urethra to near the prostate gland. The fluid is now allowed to flow. It escapes through the small openings in the end of the catheter, and washes out the urethra from behind forwards, the soft catheter slightly dilating the canal, and yet not obstructing the flow in any way. The medicated fluid must in this way come into even contact with every part of the mucous membrane; and whilst accomplishing the object of thorough local application, also removes all irritating discharges. This can be done daily, and is attended with no other than a grateful sensation to the patient. The curative results are equally good—the severest and most protracted cases yielding in a comparatively few days. The patient can use it himself.

**MATERNAL IMPRESSION.**—Dr. L. L. Doty writes as follows in *Med. and Surg. Reporter* :

Your editorial on maternal impressions, and last week the article of Dr. Rawlins, brings to my mind a case strongly in point, which I will relate briefly :—

I was called, about three o'clock on the morning of March 27th, 1878, by Mr. H. He said his wife had been delivered of a child about half an hour before, and that the child was not right. On examination, I found the head drawn out in the form of a sheep's head and covered with black wool, which also

extended down the neck, across the shoulders and back and down the outside of the arms. The two central incisor teeth on each jaw were large and presented the same appearance that a lamb does when first born. The eyes were large and circular and looked just like a sheep's eyes. A stump of a tail, about four inches long extended out from the coccyx. Every few moments it would give a low, bleating cry, which sounded just like a young lamb. The body and limbs were those of a well-formed female child. On questioning the mother, she said she had a severe fight with a large ugly "ram," when at about the fifth month of her pregnancy, and was very much exhausted, when she finally got over a fence, away from the ram; but she said she had never thought of it since, until she heard the child give a cry just like a lamb. The child died with convulsions on the third day.

If this is not strong evidence of "maternal impressions" let us hear of some.

**TRANCE AND TRANCOIDAL STATES IN THE LOWER ANIMALS.—**These peculiar phenomena form the basis of an article by Dr. George M. Beard in the *Journal of Comparative Medicine and Surgery*, April, 1881, and the following are his summaries: Trance is a concentration of the nervous activity in some one direction. It is a state of degrees and gradations all the way from full trance, in which there is absolute suspension of the nervous activity in every direction except one, and a corresponding concentration of an exceedingly narrow and limited phase, as in apparent death and long-continued rigidity, and so-called trance coma, to the mildest and most transient dazing and bewilderment. Trance, as it exists in lower animals, whether quadrupeds, fish, or insects, or in forms of life in which the nervous system exists, is the same condition precisely as trance in the human beings, and is explained by the same theory. Through the whole range of phenomena, it is obedient to the same natural law, which is now no longer mysterious. It is explained as satisfactorily as any of the great laws of nature, certainly as any in the domain of biology. The state of trance has indeed in many aspects, already obtained the predictable stage—the last and best test of the organization of any science, where we can tell beforehand what will happen with certainty in many instances.



The only difference between the milder tranceoidal states, so often observed in animals and in men, as in cases of intellectual absent-mindedness and the temporary loss of presence of mind, and the full trance, in which the animal or person is absolutely unconscious for minutes or hours, or days, or sometimes years is a difference of degree rather than of kind, and there can be no scientific study of the subject which fails to recognize this fact. These tranceoidal states bear much the same relation to full trance that epileptiform and neurasthenic or neurasthenoidal states, or insanoidal states bear to epilepsy or neurasthenia or insanity.

The methods or processes of inducing trance and tranceoidal states in the lower animals and in man are infinite, and there is no one of these methods that are best known which can be said to have any special or pre-eminent virtue over the other, except of convenience and degree. The philosophy in all these processes and manœuvres is to so alter the nervous equilibrium as to produce concentration of the nervous forces in some one direction, with corresponding cessation of nervous activity in other directions, and this can be accomplished by acting on the nerves of general sensation or of special sense, with profound excitation of emotion of fear and induction of physical helplessness, as when a horse is cast on his side so that it is impossible for him to rise, or a hen is securely tied by the feet, while at the same time the emotions of fear are energetically acted upon, and the nerves of sensation are affected by manipulation, or by fixing the look on the eyes. The simple excitation of the emotion of fear is itself, without any physical accessories, the most powerful of any single exciting cause, in animals or in men. When, for example, a horse is in a stable that has caught fire, he is often unable to move; he is then in a condition of trance, and the paralysis of emotion which subjects him to the danger of burning to death rather than escape, is one of the symptoms of the trance thus induced. The temporary paralysis of a horse unable to cross a track or move in any direction when a train of cars is approaching, illustrates the same principle. Human beings when surprised, in the same way, as when an alarm of fire takes place in a crowded building, are likewise entranced, and exhibit the same phenomena. Of the special senses, that of sight is decidedly the best to act upon, in order to induce the trance or tranceoidal state. All the other senses may be similarly

utilized ; as the hearing, when the animal listens to music, or to any monotonous sound or the falling of water, even the ticking of a clock or watch ; the sense of smell, as when some powerful and agreeable odor is brought near to the nostrils. All these experiments apply with equal force to the higher as well as to lower animals.—[ *Medical Record*.

**MAY IODIDE OF POTASSIUM EXCITE BRIGHT'S DISEASE?**—In view of the very large doses which have been advised and are frequently administered in the treatment of syphilis, the question whether iodide of potassium may excite Bright's disease becomes one of considerable importance. In the *American Journal of Medical Science* for July, 1881, Prof. I. Edmondson Atkinson of the University of Maryland, calls attention to the large proportion of cases treated for advanced syphilis that present, after death, evidences of marked kidney disease ; and, in this connection, to the fact that syphilitic renal disorder in its characteristic lesion, the gumma, is comparatively rare, while the forms the most frequently encountered are not in themselves syphilitic. In searching for a cause that might produce these changes quite independently of the syphilitic poison, Dr. Atkinson concludes that since iodide of potassium has decided diuretic action, and, as is known to clinical observers, may cause both albumen and casts to appear in the urine, the continuance of this remedy in some cases might lead to the changes observed. He therefore made a series of observations upon seventy cases of late syphilis, of which nineteen presented evidences of renal alterations more or less grave. The relation existing between the administration of iodide in these cases, and the appearance of mucous or hyaline casts and albuminuria, was quite evident ; as in a number, the abnormal elements gradually disappeared after the cessation of the remedy. The condition appeared to be catarrhal in character, and the casts were the result of renal irritation. In no case, however, was extensive parenchymatous inflammation of the kidneys excited ; but an obvious syphilitic disorder of the kidney in one case disappeared under the full and systematic use of the iodide. The author's conclusion is that while the evil effects of the iodide of potassium are small and for the most part transitory, the occurrence of more severe alterations is not impossible, nay is probable.

To these evil effects some individuals are more susceptible than others.

**THE MOSQUITO AS A CARRIER OF DISEASE.**—A correspondent inquires whether there is “anything in the newspaper statement that mosquitoes are the agents for introducing dangerous parasites into the human blood.” We are pained to be obliged to say that there is good ground for this addition to the disreputable “record” of the insect. The discovery was made a year or more ago,—we cannot give the exact date,—and has since been fully confirmed by further investigation. Dr. Meisoner of Leipsic in a German medical magazine, has lately summed up what is known of parasitic infection of the blood, and the following is an abstract of what he says of the *filaria sanguinis hominis*:—

This parasite has been very thoroughly studied by Manson, of Amoy, China and Bancroft of Brisbane, Australia. The filaria, while it may at times be present in the blood without giving rise to any symptoms, at other times appears beyond question to be the cause of chyluria elephantiasis, etc. The mode of its action would seem purely mechanical. The parasite lives in the blood or lymph channels and its accumulation at a given point gives rise to lymphorrhagia or inflammation. Two curious facts have recently come to light regarding this parasite. One is that the mosquito acts as a carrier; sucking the filaria with the blood of an affected person, it afterwards deposits the ova or embryos, which have meantime hatched, in the water when it lays its own eggs. These embryos are then swallowed in the drinking-water by another victim; and so the circle of disease is completed. Another and a very curious fact regarding the filaria was lately discovered; this is that it is a nocturnal parasite. During the day the filariæ lie dormant at some point in the victim's circulation, but at night they sally forth and rove the currents of the blood the night long.—[*Boston Journal Chemistry*.

**RUPTURE OF THE PLANTARIS MUSCLE.**—In “*The New York Medical Journal and Obstetrical Review*” for July, 1881, Dr. A. Judson gives three cases in which he diagnosticated this injury. He remarks that it is seldom found described in systematic works on surgery, although its occurrence is probably very

uncommon. Its most remarkable feature is the trivial nature, or almost entire absence, of an immediate cause. Persons are attacked while quietly walking in the street, stopping suddenly under the impression that they have been shot in the leg. Apart from ecchymosis, which is met with in but a limited number of cases, the only objective signs are œdema and deep-seated induration, and these are by no means constant. If there is an obvious gap in the muscles, with an adjacent muscular tumor, the case is to be considered one of rupture of the muscles, the term *coup de fouet* being conveniently used to indicate those cases in which the exact lesion remains undetermined. The diagnosis depends on (1) the suddenness of the attack; (2) the insignificance of the apparent cause; (3) the location of the trouble; (4) the pain, which is absent or slight when the part is at rest, and produced or aggravated by those motions of the limb, active or passive, which disturb the muscles of the calf; and (5) the great disproportion between the objective and subjective symptoms. Recovery is always protracted and is probably not much facilitated by treatment, which, however, should not be neglected, for the prognosis is sometimes unfavorable, especially when the affected limb is the seat of deep varicose veins, or show traces of former phlebitis. Local and general remedies should be directed toward the relief of pain. Repair of the injured structures should be promoted by preventing motion or disturbance of the part affected. The condition which seems best adapted to secure this object is that of enforced fixation with the knee moderately flexed and the ankle moderately extended. As recovery progresses, locomotion will be facilitated by a high-heeled shoe, which prevents the foot from being unduly flexed on the leg. Cases of this injury present opportunities for the exercise of judgment in the decision of the question of abandoning further rest and resorting to motion and exercise.

**PUERPERAL CONVULSIONS.**—Dr. D. W. Coble, of Westerville, reports to us a case of convulsions coming on at the beginning of the eighth month, with no sign of commencing labor. The usual remedies were resorted to, including hypodermic injections of morphine, but without avail. There was entire suppression of urine. Patient died in about twelve hours, having had about thirty convulsions.—[*Ohio Med. Journal*.]

## ARTICLE XXV.

## Clinical Reports from Private Practice.

A CASE OF RETROCESSION OF AN ABSCESS WITH CONVULSIONS. By  
J. M. G. CARTER, A. M., M. D., of Grayville, Ill.,

M. F., a girl of eight years, was anæmic. She had suffered considerably during her life from ague. During the past winter she had not seemed to be very well, although she had a good appetite. Her mother thought she "had worms," but vermifuges failed to attest the fact.

One night at 11 to'clock, I was called hastily to see her. When I arrived I found the patient in a convulsion. Upon inquiry I learned that the child had been having convulsions every thirty or forty minutes since 6 P. M. I learned farther that the patient had suffered for several days previously with an abscess on her neck, which extended from the left carotid to the anterior border of the trapezius muscle.

The abscess had been treated with poultices and other domestic remedies during the six or eight days it had been giving trouble. The discharge had been free for the preceding two or three days, but a few hours before convulsions came on the discharge stopped.

The patient was moaning and muttering constantly. The pulse during the intervals was normal in rhythm and frequency. As the convulsions approached it increased in rapidity, and diminished in force until during the attack it entirely disappeared at the wrist. As the convulsions passed off the pulse gradually returned, regaining its normal force and frequency.

The spasms were ushered in by a tremor, preceded frequently by contractions of the face, fingers and toes. Sometimes only the drawing of the toes down strongly by the flexors could be observed as a precursory sign. Sometimes only contractions of the fingers or twitchings of the face were seen. The tremor soon was followed by general rigidity of the body and extremities, which in a short time gave way to spasmodic jerking. The head was drawn down to the sternum, and the gnashing teeth sometimes caught the protruding tongue. There was considerable frothing at the mouth.

The eyes were variable with general convergent strabismus. I was unable to make observations on the pupil. Respiration was difficult but not suspended. The face, during the attack, was contorted most hideously. The fingers and toes were constantly jerking, and not unfrequently the arms and legs partook

of the same motion. After a period of five minutes, rarely ten, these symptoms gradually subsided and the convulsions ceased, to be followed in thirty or forty minutes by another. Thus they continued for thirty hours during which time the child had about fifty spasms, in the last of which she died.

I considered the convulsions due to the retrocession of the abscess, but as no post-mortem examination was made, I could not satisfy myself concerning the pathology of the case.

The treatment consisted in the free use of the hot bath, and the internal administration of anodynes and antispasmodics. The treatment seemed to make no impression upon the progress of the malady.

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#### ARTICLE XXVI.

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#### Book Reviews.

**LECTURES UPON DISEASES OF THE RECTUM, and the Surgery of the Lower Bowel.** Delivered at the Bellevue Hospital Medical College. By W. H. VAN BUREN, M. D., LL. D. 8vo. pp., 412. [New York: D. Appleton & Co. 1881. St. Louis: St. Louis Book and News Co.] Price \$3.00

This ably written and interesting little work is a record of twelve lectures delivered by Dr. Van Buren, and embracing the principal points connected with diseases of the rectum. It is not many years since this region was made the subject of special study, and there are yet many obscure points in connection with the diagnosis and treatment of many of the affections.

The first lecture is introductory and treats of pruritus ani, erythema, herpes, chronic eczema, eczema marginatum, oxyuris vermicularis, and hemorrhoids. He is not in favor of removing external piles, preferring the application of general and local therapeutic measures. In the next lecture internal hemorrhoids are considered. In this he gives all the methods of treatment, including that by injections which he considers good, in certain conditions of the tumors. The after-treatment is also carefully considered.

In the third lecture prolapsus ani is taken up, and is followed in the next lecture by a consideration of polypus and benign tumors. A very valuable lecture is that on abscess, and the one on fistula and its treatment is also a very important one. Lecture seven, on fissure of the anus is well written and in it the author advocates the plan of forcible dilatation which has

been so often praised and condemned. Ulcers of the rectum, syphilis and chancroid are the subjects of quite a long lecture.

Benign stricture of the rectum occupies two lectures, and its treatment is considered at full length. Cancer of the rectum is also pretty fully considered and this valuable work concludes with a lecture on congenital malformation, fæcal impaction, foreign bodies in the lower bowel, atony of the rectum, neuralgia and the hygiene of the lower bowel.

It has been a matter of considerable surprise to all of his friends, that Dr. Van Buren should not have issued a second edition of his work, long ere this. It has become an authority in the subject and a revision of the work was called for. This has been thoroughly done, and the present is a pretty good exponent of the present status of rectal surgery.

**A SYSTEM OF ORAL SURGERY: being a Treatise on the Diseases and Surgery of the Mouth, Jaws, and Associate Parts.** By JAMES E. GARRETSON, M. D., D. D. S. Illustrated with numerous steel plates and wood cuts. Third edition, thoroughly revised, with additions. 8vo., pp. 916. [Phila: J. B. Lippincott & Co. 1881].

This is as complete a work on oral surgery as has been published, and is an honor to the author and a credit to the publishers. Dr. Garretson records here the experience of thirty years, the first fifteen of which he devoted to dentistry.

The first eight chapters of this book are on operative dentistry, and we find the following chapters up to the thirtieth devoted to subjects closely allied and related to dentistry. These chapters, although written for dentists, are of so instructive and entertaining a character that they cannot fail to interest the reader. This part has been prepared by the author with great care, and is a valuable feature of the book.

The parts of the face and neck, their diseases and the operations incident thereto, are taken up in detail and copiously illustrated. The reginoal surgery of the face and mouth is a large field embracing, as it does, so many plastic operations, and calling forth the greatest amount of ingenuity, tact and excellence possessed by the surgeon.

This is a very good and successful book and deserves full credit for its great excellence.

Notwithstanding its large size, it is far from complete, as many valuable procedures are omitted, perhaps, unintentionally by the author. It is well nigh impossible to fill every nook in such a wide field of oral surgery, but the author wished to place this before the profession as a complete manual.

However, it is very well written and gotten up, and is deserving of success.



**TRANSACTIONS OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK**, for the year 1880. 8vo., pp. 579-85. [Syracuse, New York: Standard Publishing Co. 1880].

A list of the officers and committees and a note on the organization of the Society opens the volume; the President's inaugural following; minutes of the meetings and various reports come next, and then the parts most interesting to the reader are arrived at.

There are so many good and valuable papers in the volume before us that it would seem invidious to refer to any one in particular. Many have since been published in leading Eastern medical journals. Altogether it is a handsome volume, well illustrated and containing many valuable contributions to medicine, a great part of which is doomed to oblivion, from the fact that very few will ever read this volume of transactions.

**A TEXT BOOK OF HUMAN PHYSIOLOGY**, Designed for the use of Practitioners and Students of Medicine. By **AUSTIN FLINT, JR., M. D.**, illustrated by three lithographic plates and by three hundred and fifteen wood-cuts. Third Edition, revised and corrected. 8vo. pp. 978. (New York: D. Appleton and Co. 1881: St. Louis: St. Louis Book & News Co.) Price \$6.00.

In these days of rapid evolution of thought, it takes but a very few years to make a book comparatively old and out of date. About five years ago the first edition of this work appeared and was rapidly taken up, so that two years later a second edition was called for.

The book has met with great favor at the hands of the profession and of students. The copy before us, of the third edition, has been thoroughly revised by the author and many new additions made to it. These consist of Bowman's views in regard to the functions of the Malpighian bodies of the kidney. A chapter on Animal Heat containing the author's views upon the subject, and which he published in 1879. Several other views are introduced and some eliminated as not being in accordance with the latest views held in physiology.

To attempt a critical review of the various points contained in this work would be a very long task, and the general excellence of the book is such that it is not a task to praise it, in the highest terms.

The illustrations are well executed and a real credit to the text.

We are glad to see that Dr. Flint has availed himself of the



columns of the JOURNAL, as witness the quotation on p. 890 of an article by Dr. Beck, which appeared in the JOURNAL in 1872.

On the whole, although not so deeply scientific a work as Foster's, it is written and gotten up in a much more attractive form for the student, and contains many more minor details which are necessary adjuvants to the class-room lectures; and to jog the failing memory of the practitioner.

**THE PRINCIPLES AND PRACTICE OF SURGERY**, being a Treatise on Surgical Diseases and Injuries. By D. HAYES AGNEW, M. D., L. L. D., Profusely Illustrated. Vol. II. 8vo. pp. 1066. (Phila: J. B. Lippincott and Co. 1881. St. Louis: St. Louis Book & News Co.) Price \$7.50.

This is a veritable encyclopædia of the subject and a very interesting one. It is very profusely illustrated, and written in a clever and concise style. This is the second volume of a work which a third will complete. It will be quite a large work but one not devoid of interest to the surgeon, the more so as Dr. Agnew occupies quite a high position among the surgeons of this country, and has become prominent as one of the consulting surgeons in the President's case.

This volume begins with dislocations in general, and passes to particular dislocations. Then comes a consideration of the diseases of joints in which hip-joint disease claims a large share of attention. The incision of joints and bones is next presented to the reader in a very clear and comprehensive manner.

The next chapter is devoted to the use of the knife and venesection; it is very short and concise. General considerations with regard to operations contain good advice. Anæsthetics next engage the author's attention, and is followed by a chapter on amputations. Shock is next spoken of including traumatic fever. Boils, anthrax, erysipelas, burns, etc., are the subject matter of the chapter immediately preceding that on injuries and diseases of the genito-urinary organs. This is a very important chapter, as it includes many of the most interesting as well as difficult subjects connected with surgery.

Lithotomy, lithotrity, Bigelow's operation, nephrotomy, and diseases of the kidneys are very fully considered in this chapter also. The surgical diseases of women is a very long chapter, in which, among other things, are considered oöphorectomy and ovariectomy. Surgical diseases of the spinal and dorsal region, and of the mouth conclude this volume, the last chapter, treating also of œsophagotomy and affections of the œsophagus and of poisons and artificial alimentation.

The work is a very exhaustive one and is a collation of a great many authors, Dr. Agnew's views, of course, prevailing throughout. It is an excellent work and will be appreciated by all who read it.

**A TREATISE ON BRIGHT'S DISEASE AND DIABETES**, with especial reference to Pathology and Therapeutics. By JAMES TYSON, A. M., M., D., with illustrations. Including a Section on Retinitis in Bright's Disease. By WILLIAM F. NORRIS, A. M., M. D., 8vo. pp. 812. (Philadelphia: Lindsay and Blakiston, 1881. St. Louis: St. Louis Book & News Co.) Price \$3.50.

A good chapter on the structure and functions of the kidney introduces the subject to the reader, and renders the histology of this organ very clear by the aid of well executed engravings. Albuminuria and the mechanism of its production follows in a short chapter, the methods for examining urine being given.

Casts and their significance are dilated upon, full explanations being given, a beautifully colored plate illustrating waxy casts. In regard to casts the author states that he never found true casts in urine from what he considered normal kidneys. Charcot contends that hyaline casts are found in urine from healthy kidneys. Dr. Tyson makes the following general statements in regard to casts:

1. Hyaline casts are found in all forms of Bright's disease, as well as in temporary congestions of the kidneys, active or passive.

2. Epithelial casts are found in acute, subacute and chronic parenchymatous nephritis. In the latter two forms the cells are generally degenerated and fragmentary.

3. Blood-casts are found in acute parenchymatous nephritis, and where hemorrhages have occurred in the kidneys.

4. Pale granular casts are found in interstitial nephritis (contracted kidney) and chronic parenchymatous nephritis (large white kidney).

5. Dark granular casts are found in parenchymatous nephritis, acute and chronic, and rarely in interstitial nephritis.

6. Waxy casts are found only in chronic Bright's disease, and attend either of the three principal forms.

7. Oil-casts are found in subacute and chronic forms of Bright's disease, and may attend any of the three principal forms, but are most numerous in chronic parenchymatous nephritis.

8. Free fatty cells and free oil-drops are found in chronic parenchymatous nephritis.

9. The form of fatty cells known as the compound granular cell is found in acute and chronic parenchymatous nephritis.

In the fourth section the author considers clasification, giving as his own :

I. Acute Bright's disease—represented by a single form, acute parenchymatous nephritis.

II. Chronic Bright's disease, including chronic parenchymatous nephritis; lardaceous disease; and interstitial nephritis.

These varieties are severally considered in the next four sections, the treatment being also set forth. Retinitis in Bright's Disease is a section written by Dr. Wm. F. Norris, being a very short chapter and not what would have been expected in such a work.

Suppurative interstitial nephritis (pyelo-nephritis) and cyanotic induration of the kidneys, finish what may be considered the first part of the work.

Twenty-one pages are devoted to diabetes mellitus, and about thirteen to diabetes insipidus which concludes the book. The author has adopted a good nomenclature, and one more in accord with pathology, so far as known.

This is a book that will be read and appreciated by many, and that will be serviceable on many an occasion. The author speaks from an experience gained by many years' close observation and gives us the result, which method of imparting information is undoubtedly more valuable than presenting a mere repetition of old and worn and oft-times incorrect opinions.

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#### ARTICLE XXVII.

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#### Books and Pamphlets Received.

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Report to His Excellency, the Governor. The Thirty-ninth Missouri University Catalogue, 1880-1881

Transactions of the American Dermatological Association, with the President's Address at the Fourth Annual Meeting, Newport, R. I. Aug. 31 and Sept. 1 and 2, 1880. Official Report of the Proceedings by the Secretary, Dr. Arthur Van Harlingen, Phila. 1881.

Report to the Illinois State Medical Society on Laryngeal Tumors by E. Fletcher Ingals, A. M., M. D. (Reprinted from the *Chicago Medical Journal and Examiner*, July 1881.)

Einfache Methoden Zum Stillen Zufälliger Blutungen von Ed. Borck Dr. Med. and Chirurg. (Separat abdruck und Uebersetzung aus dem *Indiana Medical Reporter*, April, 1881)

Die Erlenmeyer'schen Anstalten für Gemüths, und Nerven- kranke zu Bendorf bei Coblenz. Leipzig, 1881.

Illusion, Hallucination and Delusion. A Differential Study for Forensic Purposes. By C. H. Hughes, M. D. (Reprinted from the *Alienist and Neurologist*, July, 1881.)

Consciousness in Epilepsy. By C. H. Hughes, M. D. (Reprinted from the *Alienist and Neurologist*, April, 1881.)

The Pathology and Surgical Treatment of Hypertrophic Nasal Catarrh, Description of a new radical cure of Nasal Catarrh. By Wm. C. Jarvis, M. D. (Reprinted from the *Archives of Laryngology*, April, 1881.)

Third Annual Announcement of the College of Physicians and Surgeons of St. Joseph, Mo. 1881.

Index Catalogue of the Library of the Surgeon-General's Office, United States Army. Authors and Subjects. Vol. II. Berlioz-Cholas, 4 to. pp. 990. (Washington: Government Printing Office. 1881.)

Hip Injuries, including Hip-Joint Diseases, and Fractures of the Femoral Neck, Splint for. By De F. Willard, M. D. (Reprinted from the *Philadelphia Medical Times*, Nov. 1880.)

Hip-Joint Diseases: Death in Early Stage from Tubercular Meningitis. By Forrest Willard, M. D. Microscopical appearances with Cuts. By E. O. Shakespeare, M. D. (Reprinted from the *Boston Medical and Surgical Journal*.)

Third Annual Announcement of the Central College of Physicians and Surgeons, Indianapolis, Ind. Session 1881-1882.

The Annual Announcement of the St. Joseph Hospital Medical College. Winter Session 1881-82.

Report of the trial of James Thomas DeJarnette, with an appendix. By Eugene Grissom, M. D., L. L. D. (Reprinted from the *North Carolina Medical Journal*, June, 1881.)

Minutes of the Thirty-sixth Annual Meeting of the Kentucky State Medical Society, held at Covington, Ky., April, 5, 6 and 7, 1881.

Fortieth Annual Announcement of the St. Louis Medical College, Session 1881-82.

## ARTICLE XXVIII.

## News Items.

Dr. Thos. F. Rumbold editor and proprietor of the JOURNAL, left this city Tuesday July 5, to attend the meetings of the International Medical Congress and of the British Medical Association. In the meantime, the Assistant Editor will, with the assistance of the "devil," make things lively about the office.

Our thanks are due to Dr. C. Spinzig for furnishing us with a copy of the *Vaccination Inquirer and Health Review*, a British monthly devoted to the interests of the Anti-vaccinationists.

The *Agents Herald* is a paper devoted to that much abused class the agents and is quite unique. It is a sprightly sheet and fearless in the exposure of advertising frauds.

The *Ohio Medical Journal* has made its appearance, and is a neat and well gotten up monthly of 48 pages. It is the Journal of the Ohio State Medical Society, and the measure of success achieved here, may serve as a criterion to those advocating a journal for the American Medical Association.

The *Arkansas Doctor* has arrived, and we at first supposed that the editor had sent us proof sheets for correction. This complaint, we observe, has been made by so many, that doubtless it is the manner in which the journal was published and as such we bow before it, and will withhold any critical remarks. Being the only medical journal in Arkansas, it deserves support from the local profession, despite its uncouth appearance.

Cincinnati is to have a morgue at last. The combined odors of seventeen corpses "even penetrated the insentient nostrils" of the Board of Health. So says the *Lancet and Clinic*.

The *New York Medical Journal and Obstetrical Review*, is the name under which it labors now. We hope that the addition will not make it top-heavy, and that it will continue now without many more additions to a cognomen, which seems rather long drawn out.

**ALUMNI ASSOCIATION OF THE ALBANY MEDICAL COLLEGE.**—We would earnestly call the attention of every Alumnus of the Albany Medical College to the following announcement:

At a meeting of the Alumni held June 16, 1881, the president stated that he had given considerable thought to the matter of prize essays, to increase the interest in, and efficiency of the Association. He had concluded to offer an annual prize of \$100, to be called "A Surgical Prize," and would announce as the subject for this year, Essay on Colles' Fracture, its pathology and treatment, to be accompanied with a pathological specimen illustrating the fracture, with or without dislocation of the ulna or a careful dissection of the hand, wrist or forearm.

After favorable remarks by the committee, on motion of Dr. Hale, Dr. VanDerveer the president, was appointed a committee of one to give the matter further consideration. Subsequently, he reported that the heirs of the late Prof. Alden March, M. D., L. E. D., desired to give the sum of \$100 as an annual "March Memorial Prize," the essay for the coming year to be on the pathology and treatment of Morbus Coxarius.

Also, that Mr. McClure, a governor of the Albany Hospital, decided to give the sum of \$100 annual as an "Armsby Memorial Prize," the essay to be on some anatomical subject. That for the coming year, will consist of a minute description of the genito-urinary organs of the male, together with a carefully dissected specimen of the same.

The president further stated that the heirs of the late Prof. James McNagleton, M. D., had offered the sum of \$100 as the "McNagleton Prize." The subject for the current year to be Antisepsis in the treatment of Diseases. And Mr. Joseph Russel, a trustee of the college, offered a second surgical prize of \$50 for the second best essay on Colles' Fracture.

Essays and specimen designated by a motto and accompanied by a sealed envelope, inclosed with the same motto, and containing the name and address of the author must be sent to the Secretary, Dr. W. G. Tucker by the 14th of February, 1882.

All specimens are to be deposited in the New Museum of the College, properly labelled.

**LISTERINE.**—This new preparation, we are glad to say is meeting with the greatest success. It is a most valuable anti-septic, and deserves fully the high reputation it is rapidly acquiring for itself.

## ARTICLE XXIX.

## DEATHS AND RATE OF MORTALITY

*Per 1000 Inhabitants, Annually, in the Largest American and Foreign Cities.  
According to the Latest Returns.*

CITIES.	Population.	DATE OF RETURN.	Deaths from all Causes.	Annual Death Rate per 1000	Mean Ther. Range.
New York.....	1,206,577	Week Ending July 2,	906	39.0	.....
Philadelphia.....	846,980	" " "	320	19.7	.....
Brooklyn.....	566,689	" " "	327	30.1	.....
St. Louis.....	350,522	" " "	238	35.4	.....
Chicago.....	503,304	" " June 4,	208	21.5	.....
Baltimore.....	332,190	" " "	.....	.....	.....
Boston.....	302,555	" " July 2,	128	18.4	.....
San Francisco, Cal....	238,956	" " "	80	17.8	.....
Cincinnati.....	255,706	" " "	151	30.8	.....
New Orleans.....	206,140	" " "	127	30.6	.....
Buffalo.....	155,137	" " "	63	20.8	.....
Cleveland.....	100,140	" " "	60	19.6	.....
Washington, D. C....	180,000	" " "	107	30.8	.....
Pittsburgh.....	156,381	" " "	98	29.6	.....
Newark.....	136,400	" " "	68	26.0	.....
Detroit.....	116,342	" " "	47	.....	.....
Milwaukee Wis.....	115,578	" " "	43	19.4	.....
Richmond Va.....	63,803	" " June 4,	48	22.9	.....
New Haven, Conn....	62,882	" " July 2,	28	23.2	.....
Charleston.....	49,999	" " "	37	38.6	.....
Memphis, Tenn.....	33,593	" " "	26	40.4	.....
Mobile.....	31,206	" " "	30	50.1	.....
Boulder, Col.....	3,069	" " June 4,	2	17.0	.....
Galveston.....	24,218	" " July 2,	30	70.0	.....
Indianapolis.....	75,074	" " "	44	30.6	.....
Springfield, Mass....	33,340	" " "	11	17.2	.....
Nashville, Tenn.....	43,461	" " "	27	32.4	.....
Sacramento.....	21,500	" " "	.....	.....	.....
St. Paul, Minn.....	41,498	" " "	.....	.....	.....
London.....	3,707,130	" " June 11,	669	31.0	56.1
Paris.....	1,968,806	" " " 18,	451	28.1	58.2
Berlin.....	1,123,571	" " " 7,	477	22.0	48.0
Vienna.....	731,191	" " " 21,	478	29.1	60.9
Buda-Pesth, Hung....	870,037	" " " 15,	277	39.7	.....
Shanghai.....	3,000	" " June 18,	255	24.2	58.8
Cape Town, Africa....	35,000	" " "	91	25.8	60.8
Liverpool.....	549,834	" " June 28,	257	24.9	58.0
Genoa, Italy.....	185,000	" " "	95	26.7	68.0
Calcutta.....	429,535	" " June 11,	25	28.1	57.7
Hamburg (state).....	400,000	" " " 18,	170	22.0	.....
Warsaw, Russia.....	379,763	" " " 11,	72	22.8	45.8
Brussels.....	406,638	" " " 21,	164	22.0	59.6
Stockholm, Sweden..	173,433	" " " 14,	87	26.0	43.7
Dublin.....	333,401	" " "	.....	0	.....
Lyons, France.....	342,815	" " June 25,	117	21.4	57.8
Amsterdam.....	316,952	" " June 18,	65	22.8	55.4
Sheffield.....	304,932	" " May 28,	123	22.7	63.0
Leipzig, Saxony.....	151,616	" " June 7,	87	20.8	60.9
Breslau.....	273,000	" " " 11,	54	23.4	50.9
Copenhagen, Den.....	215,254	" " May 14,	112	24.2	40.6
Christiania, Norway..	120,000	" " May 7,	42	18.1	40.1
Alexandria.....	220,000	" " June 18,	63	17.9	.....
Dresden.....	220,216	" " May 8,	102	24.6	45.1
Bradford.....	197,198	" " " 14,	75	21.0	.....
Seville, Spain.....	138,000	" " June 25,	66	32.8	.....
Tangier, Morocco....	15,000	" " May 21,	.....	5	.....
Rouen, France.....	104,209	" " " 28,	52	25.0	.....
Dundee.....	155,100	" " " 21,	49	16.0	49.1
Geneva, Switz.....	50,233	" " "	30	30.6	.....
Prague.....	333,401	" " "	.....	.....	.....
Havana.....	195,477	" " April 16,	173	34.6	.....
Vera Cruz, Mexico...	20,000	" " May 21,	155	41.4	80.0

# METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

## THERMOMETER, FAHRENHEIT—JULY. 1881.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum.
1	62.5	80.0	18	69.0	83.0
2	65.0	84.0	19	71.0	89.5
3	68.0	88.0	20	75.5	97.0
4	71.0	89.5	21	82.0	99.0
5	72.0	94.0	22	79.0	84.5
6	78.5	96.5	23	71.0	87.0
7	79.0	97.5	24	72.0	90.0
8	79.5	98.0	25	71.0	84.5
9	81.0	99.5	26	69.0	81.0
10	81.0	101.5	27	68.0	82.5
11	82.0	97.5	28	68.5	85.5
12	82.0	98.0	29	68.0	86.0
13	77.0	93.5	30	68.0	87.5
14	74.5	84.5	31	71.0	90.5
15	76.0	91.0			
16	80.0	94.0			
17	81.5	91.0			
			Means...	73.9	87.1
			Monthly Mean.	80.5	

Quantity of rain, 1.65 inches.

## MORTALITY REPORT.—CITY OF ST. LOUIS.

FROM JUNE, 18, 1881, TO JULY, 2, 1881, INCLUSIVE.

Leucocythemia .... 0	Childbirth. .... 0	Convulsions & Trismus Neonatorum 46	Syphilis..... 4
Scarlatina. .... 4	Inanition, Want of Breast Milk, etc. 18	Hydrocephalus and Tub. Meningitis. 10	Apoplexy ..... 7
Pyæmia & Septicæ 3	Alcoholism. .... 4	Meningitis & Encephalitis .... 30	Dis. fem. gen. org. 3
Erysipelas .. .... 3	Rheumatism & Gout 0	Other Diseases of the Brain and Nervous System 22	Surgical Operation 1
Diphtheria ..... 10	Cancer and Malignant Tumor..... 13	Cirrhosis of Liver and Hepatitis... 8	Premature Birth 0
Membran's Croup. 1	Phthisis & Tuberculosis, Pulmon. 47	Enteritis, Gastroenteritis, and Gastritis' ..... 14	Deaths by Suicide 2
Whooping Cough. 8	Bronchitis.. .... 8	Bright's Disease and Nephritis... 4	Deaths by Accident 21
Ovarian tumor.... 0	Senility ..... 12	Other Diseases of Urinary Organs. 0	Deaths by Homicide 0
Measles ..... 1	Pneumonia..... 12	Diabetes..... 0	Congen Defor'ty.. 32
Typhoid Fever.... 7	Heart Diseases ... 13		Total Deaths from all Causes. .... 606
Cerebro Spinal Fev 14	Other Diseases of Respir'y Organs 3		Total Zymotic Diseases ..... 209
Remittent, Intermittent, Typho-Malarial, Congestive & Simple Contin'd Fevers, 12	Metro-Peritonitis. 0		Total Constitutional Diseases ..... 94
Puerperal Fevers... 4	Marasmus—Tabes Mesenterica and Scrofula ..... 19		Total Local Diseases ..... 175
Diarrhoeal Diseases 175	Other Const. Dis. 5		Total Develop'tal Diseases ..... 44
Other Zymotic Diseases ..... 0			Deaths by Violence 24

CHAS. W. FRANCIS, Health Commissioner.



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**Original Contributions.****ARTICLE XXX.**

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**OPHTHALMIC MEMORANDA.****ARTIFICIAL PUPIL.** By WM. DICKINSON, M. D., of St. Louis.

It is not proposed to present an exhaustive essay upon this subject, but to direct attention to some of the curable forms of blindness, and to give emphasis to, and present proof of the declaration, that many cases of blindness, deemed incurable, enforcing a dependant existence, are yet remediable by the kindly ministries of ophthalmic surgery.

Without question the iris is very intolerant of agencies that tend to mar its structure, or interfere with its functions, especially if these be applied in a rude manner; and this liability to quick resentment must ever be kept vividly in mind by him who shall attempt operation upon it. Modern surgery, however, has proved that the iris will permit very considerable manipulation, and yet no destructive reaction be occasioned thereby; and in consequence of this immunity inestimable benefits have been bestowed upon the blind, since in innumerable instances most useful vision has by them been regained.

This conviction of irritability was formerly entertained in regard to serous membranes wherever found; consequently many, who, from gun shot wounds especially, had suffered extensive laceration of the peritoneum, were considered doomed and no particular effort made to rescue the patient from impending death; a painless death, an *euthanasia* being the sole object and end of treatment. But the contrary has found repeated demonstration by the numberless operations involving this membrane which have been performed not only with safety, but with the result of saving lives, e. g., paracentesis abdominis, operation for strangulated hernia, cæsarian section, ovariectomy: while during the last quarter of a century the daring and skill of surgeons have accomplished that which was previously held to be unjustifiable or impossible; and these achievements have given additional proof of the tolerance of the peritoneum to surgical manipulation, (e. g.) Batteys' operation, laparotomy, gastros-

tomy, amputation of the uterus; and the last and perhaps the grandest triumph of conservative surgery, the removal of a large portion of the stomach for malignant disease, and by it a life not only prolonged for several months, but rendered comparatively comfortable.

The various operations upon the thoracic cavity and their salutary results, illustrate the innocuousness of operations necessarily involving the pleura, first devised and practiced by Dr. Morrell Wyman and Dr. H. I. Bowditch; and still later, the establishment in certain cases, of a large temporary opening into the cavity of the pleura; a condition formerly deemed incompatible with the continuance of life. Again paracentesis of the pericardium, as well as that of the cerebral ventricles in hydrocephalus and meningocele of the spinal cord in spina bifida.

But to return to the iris. Cheselden was the first ophthalmic surgeon who successfully operated upon the iris for the restoration of vision. Before his<sup>e</sup> time, Woolhouse had attempted, through the sclerotica, with a needle to divide the fibres that caused posterior synechia, and thus to open up the closed pupil. Though he failed to accomplish the purpose designed, he made an effort in the right direction. Cheselden seized upon the suggestion and became the acknowledged discoverer of this most beneficent operation. This occurred in the year of 1728, about the time of the introduction into systematic works on anatomy of the hypothesis of Newton of the semi-decussation of the optic nerve fibres in the chiasma.

A closure of the pupil following the operation for cataract by *couching* afforded him the favorable opportunity. This he accomplished by *incision*; by introducing an instrument with a cutting edge through the sclerotica and also through the iris and then turning the edge against the iris he divided it transversely as the instrument was withdrawn.

Many different and greatly improved modes of operation have since Cheselden's time been practiced, modified according to the requirements of each individual case. But all illustrate the tolerance of the iris to surgical manipulation. Indeed, oft-times it seems as if through the inflammatory processes that have determined, in a given case, the present abnormal conditions, nature had rendered this organ, to a certain degree, less

sensitive and less retaliatory, by this means lending her kindly ministries to surgical endeavor.

Wenzel, Scarpa, Janin and Maunoir since the times of the surgeons cited, each in their day perfected the modes of operation for artificial pupil; and many other illustrious names in the same category appear, and bring the art down to the present time.

The grand object by every mode of performing the operation under consideration, is the establishment in the iris of a permanent opening behind a transparent portion of the cornea, through which beams of light may unobstructed be transmitted to the retina. This presupposes the loss of the natural pupil by closure, (*atresia pupillæ*) the cornea being transparent; or the natural pupil remaining intact is rendered useless by a large opacity of the cornea (*leucoma*) more or less centrally situated. That mode of operation is most advisable which will most perfectly accomplish the object, the selection of the mode and its proper execution will best attest the wisdom and skill of the surgeon operating. This is eminently true in cases in which the elements are adverse and complicated with other affections; (e. g.) a good artificial pupil having been made, there may be disclosed the existence of a cataractous lens, which will require extraction, and this must be done, of course, through the pupil artificially made, as in case number 2, two capital operations performed at one and the same time. The surgeon must be prepared for any exigency that may arise; rarely will he be able to begin and progressively perform the operation step by step, in the order and manner in which he had, previously, in his own mind determined.

The conditions which render the operation for artificial pupil necessary or practicable, involve the cornea, and the iris more especially the pupil. The *causes* of these conditions though numerous and diverse in character, properly referred to traumatic, syphilitic and idiopathic origin, are yet reducible to one efficient proximate cause—inflammation.

Some of these conditions causing blindness, we will now briefly consider, and narrate cases in illustration.

The iris may exist undisturbed in its natural position, and the pupil intact and dilatable: a large dense central opacity of the cornea, (*leucoma*) effectually prevents vision, because beams of light cannot uninterruptedly pass through the pupil to the

retina. This leucoma is the sequel to severe keratitis, but more frequently of an ulcer or of both together; and may or may not involve the entire cornea. If happily a portion of this tunic is transparent, and near its junction with the sclera, and if it be even a quarter of an inch in breadth, the elements for a successful operation are present; (i. e.) a sufficient portion of transparent cornea in front of a free portion of the iris. Many a one has been considered hopelessly blind for years and yet has possessed these simple elements in an eminent degree. Light he can discern and colors when held near to the eye, but no objects. To such may come words of cheer; let them not despair, for restored vision may yet be possible and in store for them. The blind person, one or both of whose eyes possess these factors is comparatively fortunate far above

No. 1. A patient who was presented to me for examination having been blind for eighteen years: perforating ulcers had induced evacuation of the anterior chamber of both eyes, prolapse of the iris upon the cornea and adhesion thereto. Both globes were staphylomatous, and the corneæ generally opaque throughout, and the normal relations of the irides to this tissue were so changed that mere perception of light was the only evidence that the function of vision had in any degree been retained. The left eye was disorganized and therefore incapable of the least possible benefit and the right was so seriously affected that the probabilities of restoring to it the power of vision were reduced to the minimum. For our encouragement, there yet existed a transparent crescentic portion of the cornea at its inferior border, scarcely three lines in length and two lines in breadth, the appearance of which justified the opinion that the two structures, iris and cornea, though lying in near apposition were still not coherent. The patient insisted that an effort for amelioration should be made, prepared however for entire failure, though, more than myself, daring to expect some good result. I consented and in general made the corneal puncture in the usual way with the broad needle. But scarcely had it passed through this tunic when it encountered numerous fibrous bands extending between the opposite surfaces of the iris and the cornea, and thoroughly interlacing them together. I pushed the needle forwards dividing these in its progress, and thrust it through the iris as far as possible from the point of entrance. I then introduced a small hook, and having engaged it in the

iris, withdrew a portion of the same. This being excised a small pupil, quite free, was thus secured. No inflammation followed and the amount of vision achieved far exceeded my expectation. The patient was delighted and seemed transported into a new world—entering upon a new existence—all was so changed. Now were distinctly *seen* objects of which only faint conceptions were had before. The ability to go about at will and emancipation from dependence upon others, were not the least benefits derived; I with an appropriate glass reading was rendered possible and enjoyed to the highest degree.

No. 2. W. L. C. was a young man nineteen years of age, and had been totally blind for nine years, utterly unable to distinguish, form, color, persons or other objects; during this period, his knowledge of the external world was limited to the short range of his sense of touch. The right globe was entirely disorganized and atrophied, perception of the light only was preserved in the left eye. Operation for artificial pupil, he said, had some years before been attempted, evidences of which were still apparent but without good results. The form of the eye was quite natural, the cornea unimpaired except by numerous nebulae interspersed throughout, the most transparent portion being on the nasal side and in the equator. The iris still retained its normal position and relations with the other parts of the eye; but no vestige of a pupil remained. The lens being situated behind the iris, its condition, whether transparent or opaque, could not of course be determined. The tension of the globe being greatly diminished, it was thence demonstrated that the vitreous body had lost its normal consistency. In consequence of these adverse elements, a guarded prognosis in regard to the results of an operation was given. His vision now being zero, his condition could not be rendered worse, but by an operation, and by that only some degree of vision might be regained. The *possibility* of again being able to see resurrected a *hope* long since dead and inspired a willingness to submit to any reasonable attempt for its restoration. At his urgent request I undertook the operation, and succeeded in making an admirable pupil and of good size behind the most transparent portion of the cornea. This being accomplished there appeared in the field of the pupil thus made, a large chalk-white substance, which I immediately recognized as a calcareous cataract. This I extracted through

the *artificial* pupil. When this was accomplished the pupil appeared entirely free. No adverse symptom during convalescence occurred, no pain, nor even noticeable photophobia. Immediately after the operation, the eye, though for nine years denied access of its normal stimulus—light—yet perceived all large objects with evident distinctness. Thus was evoked from conditions eminently adverse the most beneficent results. In nine days, unattended, he walked two miles to my office; and the four or five months ensuing, always travelling alone, he spent in visiting his friends in Kentucky.

[TO BE CONTINUED.]

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ARTICLE XXXI.

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PARALYSIS SIMULATING PLUMBIC WRIST DROP. By C. H. HUGHES, M. D., of St. Louis.

Sadie F., married, æt. 20 years, came under treatment October 23d, 1879, with persistent inability to extend the hands at the wrists both of which dropped lifeless like those of painter's palsy. When the hands hang at her side she feels as though they were full of blood. Some years ago this lady had rheumatism of which there are, however, no remains. In June of 1879, she had some kind of symptoms of a form the exact nature of which could not be distinctly made out from her description, during which she was frequently delirious. I infer however, that it was typhoid with tardy convalescence and *cachæmia*. Several irregular physicians attended her; among them, a locally famous faith doctor (called on account of his negligent *personel* the dirty doctor) who, though interrogated about the patient on an occasion when he had summoned me to examine and advise concerning his insane wife, could give me no information of value. About August 1st, 1879 this patient found she could not move at all, but she grew gradually able to move all parts of her body except her wrists. When first able to move about, after her fever, she weighed 77 pounds, and two months later

she weighed 110 pounds. During her illness she lost much sleep and ate little, but at the beginning of this report she ate and slept well. Her general tactile sensibility was normal even in the fingers of the affected hand, and she told me she had always had some feeling in them. Electro-muscular excitability in the parts remaining paralyzed was, in the beginning of treatment, extinct. The temperature of the right wrist was 98° F., that of the left 99° F. Under the daily use of galvanism, arsenic, phosphorus and, at night, only the least depressing of the bromides with malt and a generous diet, the paralyzed parts entirely regained, in a few months, their normal power of movement, and the patient, though of small stature soon reached her natural weight of 130 pounds; no strychnia was employed. Duchenne's observation respecting the more favorable progress of traumatic paralysis, where muscular sensibility remains after the loss of contractility under the electric current, finds confirmation in this case.

The case is noted to show the fact not infrequent in paralysis of the extremities, viz: That notwithstanding a paralyzed limb has remained long *in statu quo*, galvanism combined with proper internal therapeutics may excite anew the arrested progress towards recovery, and that often remains a hope of escape to the hopeful and persevering.

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#### ARTICLE XXXII.

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### Hospital Reports.

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REPORTS OF CLINIC OF PROF. J. P. KINGSLEY AT ST. JOHN'S HOSPITAL. REPORTED BY S. EMORY LANPHEAR, M. D.

CASE I. *Rheumatic Fever*.—Katie T——, seven years of age, was taken suddenly ill yesterday, (Jany. 13) with high fever; soon began to complain of great pain in right knee, which is now swollen, red and very tender; pain much more severe when limb is moved; patient appears to suffer very much; no

abnormal heart sounds upon auscultation; bowels constipated. Diagnosis: Rheumatic fever. Treatment: To act upon the bowels

℞ Hydrarg. chlorid. mit.....gr. ii  
Sacchar. alb.....gr. v

M. S. Give at bed time.

For the rheumatism:

℞ Acidi salicylici.....℥ii  
Potassii Acetatis.....℥ss  
Glycerinæ.....f ℥i  
Aquæ.....f ℥ii

M. S. Teaspoonful every three hours. Also tinct. opii, gtt. xv when required.

Jany. 15. Some fever, pulse 120; great amount of pain; arm of same side also involved. Cathartic operated. Treatment continued.

Jany. 16, Both legs are now affected; fever still continues, but somewhat less.

℞ Sodii salicylat.....℥iii  
Glycerinæ.....f ℥i  
Aquæ.....f ℥iii

M. S. Teaspoonful every three hours.

Jany. 20. Patient has been taking last medicine regularly and is now convalescent; all pain gone and fever subsided; being weak, she was given a tonic composed of cinchonidia sulphate and elixir citrate of iron.

Acute articular rheumatism is an inflammatory affection of the joints, hence sometimes called acute rheumatic arthritis, characterized by an effusion into the joint and surrounding structures, together with a thickening of the synovial membrane; but the inflammation is peculiar in that it is unaccompanied by the results of inflammation in other regions, no exudation of lymph, no production of new tissue, no structural lesions and rarely the formation of pus. Another common name for the affection, Rheumatic Fever, is derived from the early and continued appearance of that symptom. The attack is usually sudden, often at night, commencing with high fever, severe pain and extreme tenderness in one or more articulations which present a red and swollen appearance, the severity of the latter symptoms determining the violence of the inflam-



mation ; the pain much less marked when the joint is still ; the swelling is due to effusion of serum into joint and contiguous tissues. If the disease be left to run its course undisturbed, these symptoms will continue for a period varying from two to six weeks, although in many instances a much longer time has elapsed ere recovery was at hand ; the inflammation leaves one joint only to attack another, generally following the law of parallelism, thus placing it among the symmetrical diseases ; the fever is generally a prominent symptom, the temperature in some extreme cases having been recorded at 110°F. (Sidney Ringer), accompanied by anorexia, extreme thirst and delirium ; the tongue is coated, the bowels constipated, and the flow of the urine diminished ; a slight increase of urea but not of uric acid. It is apt to be accompanied by, or succeeded by endo-carditis, not by a metastasis as was formerly supposed, but through the same agency productive of the other phenomena ; this inflammation is generally limited to the left heart, especially attacking that portion of the membrane which constitutes the mitral valve, giving rise to structural lesions of that important part of that all-important organ, the heart. Hence the necessity of an early cure of this affection. In cases where extreme anæmia coexists, there may be heard a murmur at the base of the heart which must not be confounded with a *bruit* arising from structural disease as such a mistake would have much bearing upon the prognosis.

It is now pretty well understood that all these manifestations are due to a *materies morbi* existing in the blood, but as to the character of that morbid material, pathologists still "agree to disagree ;" many maintain that it consists of lactic acid, whether rightfully or not yet remains to be demonstrated, but whatever its nature, it is evidently of intrinsic origin, generated in the body.

Like almost every non-contagious disease, this has been supposed to be caused by cold, and that agent may have some power in developing rheumatic fever, but it is now generally acknowledged that an inherited tendency, the rheumatic diathesis which may be also acquired, is the principal force producing attacks of the disease ; this is rendered more probable from the fact that certain families are subject of the disease, the various members being continually prone to attacks. It occurs very

rarely in childhood and still less frequently in infancy, patients usually being more than fifteen years of age; it is probable, however, that the cases in childhood are often mistaken for some other affection, as the fevers or even meningitis; yet with proper care the diagnosis can easily be made.

This disease was of frequent occurrence during years past, but for some reason, cases are now less common than formerly, and seem to be more confined to those subject to improper hygienic surroundings. Probably there is no other affection the treatment of which has undergone so many changes in a few years as acute articular rheumatism. Among the many remedies employed may be mentioned Mercurialization, Venesection, Nitrate of Potash and Colchicum; these were succeeded by the alkaline treatment, the supposed *rationale* being that the alkali neutralized the acid which is presumed to be the "root of all evil;" all of these, although popular for a time, proved of little benefit, and eventually there arose a saying, that "the best cure for rheumatism is six weeks." These methods, however, have been superseded by salicylic acid or salicylate of soda in 10-15 grain doses, as in the prescription given above; in conjunction with these, arterial sedatives and anti-pyretics may be employed, and of these, aconite is perhaps preferable. By most authors, quinine in full doses is strongly advised, but it is very certain that *it has no effect upon the hyper-pyrexia of rheumatism*, however much it may reduce the temperature in other affections characterized by high fever. In cases where delirium is present there is one remedy which will prove of the utmost service, namely, carbonate of ammonia in 10 grain doses. By pursuing this plan of treatment a cure can generally be effected in from two to four days, thus cutting short a disease which would prove of great discomfort to the patient and which might through grave complications eventuate in great danger.

Many practitioners have been disappointed in the use of salicylic acid and its preparations, not because of a want of virtue in the drugs, but because of an improper use of them. They have been given indiscriminately in all cases that savored of rheumatism either acute or chronic, and failing, have been decried as "humbugs." This is not right, and arises from the fact that salicylic acid has been said to be good for rheumatism, and so it is, but not for *chronic* rheumatism, in which it is of little or no avail; and if these physicians would but memorize three

rules they would have the essence of what constitutes all that is known of the treatment of chronic rheumatism. These rules may be briefly summarized as follows:

First: If patient is anemic, give iron.

Second: If syphilitic, iodide of potassium.

Third: If plethoric, alkalies.

CASE II. *Spurious Hydrocephalous*. June 15. Laura M——, three years old, was taken ill three days ago with an acute pain in the head, very restless, throwing herself about and rolling head from side to side; this illness was preceded by a severe attack of diarrhœa, the passages now having assumed a very watery character; there is some febrile movement present, the thirst being quite marked; since commencement of present symptoms there has been ptosis of left eyelid; there is a dilatation of one pupil and a contraction of the other, and mother says this has been a constant feature of the case since the beginning of attack. Diagnosis: *Spurious Hydrocephalous*, resulting from summer diarrhœa. Treatment: Nutritive food in conjunction with stimulants.

June 16. The mild chloride ( gr. ii ) administered yesterday operated four or five times since which child has appeared somewhat better. Treatment continued.

June 17. Respirations, 30 per minute; temperature 99°F.; brow corrugated, sleeps almost continually although easily disturbed. Treatment continued together with diarrhœa mixture of

R Bismuthi sub nit.....℥ii  
Misturæ cretæ.....f ℥ii

M. S. Teaspoonful every three hours.

June 18. Five operations during the past twenty-four hours, some mucus in the evacuations; was restless during night. same treatment with tinct. opium in bismuth mixture.

June 19, 9 A. M. Patient growing weaker, bowels torpid, retention of urine, unconscious and in a stupor. 12 M. Respiration 60 and sighing,—patient evidently much worse. 3. P. M. Died.

Spurious hydrocephalous, spurious meningitis or hydro-oid disease was first described by Drs. Gooch, Abercrom-

bie and Marshal Hall, eminent physicians of the last century, and has been more or less studied by physicians since, yet although it is of quite frequent occurrence, especially at this season, it is probable that the majority of our practitioners are not aware of the existence of such an affection, ascribing the symptoms when met to an entirely different condition. Whether or not this is really entitled to the position of a distinct disease has been a subject of dispute. Eustace Smith of London, classes it as such, as does the distinguished French writer, Bouchut, and the same is true of J. Lewis Smith, in his "Diseases of Children"; upon the other hand, some rank it simply as a "condition" resulting from various primary disorders, while some do not mention it at all. But whatever position may be accepted as correct, it is certainly deserving of attention, as upon a full understanding of its nature may depend the life of many a little sufferer.

As to the etiology, any exhausting disease, any disorder which will impoverish the blood may act as a causative agent; hence the prevalence during the summer months, when children are subject to the exhausting diarrhoea, and the nervous system is rendered less capable of resisting the inroads of disease by the extreme heat. With such a cause, it is easy to comprehend the anatomical changes presented at a post-mortem examination; these seem to differ somewhat in the various cases examined; in some, no distinct changes are discoverable, the brain seeming to have ceased to perform its function through a deficient nutrition, for it is a well-known fact that the blood must be of the proper temperature, quantity and quality in order that the brain may properly act, and in all diseases primary to this there is a notable change in the quality of the circulating fluid; in others, of longer duration, the brain substance is shrunken and pale, from the same cause as in the preceding condition, and in these cases there will be found a passive congestion of the cerebral sinuses and sometimes a transudation of serum, the latter giving rise to the name; each of these arising from the same source, an enfeebled circulation and a watery condition of the blood.

The symptoms, as given by Niemeyer, may be briefly enumerated thus: First, those of irritation—restlessness and capriciousness, jactitation, gnashing of teeth, crying out in sleep, flushed face, frequent pulse, elevated temperature, subsultus tendinum and convulsions. Second, torpor—collapse, apathy,

pupils insensible to light, irregular and sighing respiration, coma and death. The first series not always present, or if present, so slight as to escape observation. The character of these symptoms would not *per se*, point to the nature of the affection which is essentially one of general anæmia of the brain, for as the learned Prof. Bauduy has said, the symptoms of anæmia and of hyperæmia are so similar that it is impossible to distinguish between those two affections save by the etiology, and it is not strange that so many physicians thoughtlessly consider the condition one in which there is an acute hyperæmia of the brain and treat accordingly, for many are inclined when any symptoms of irritation are present to say, "there is a congestion of the brain" or "he has brain fever," and pursuing a course diametrically opposed to the one which should be adopted, soon have the opportunity of signing the death certificate, while a moment's consideration of the cause producing it and the pathological condition present would render such a fatal mistake unwarrantable and lead to the adoption of the proper mode of treatment.

As in the case before us, this should consist of two distinct plans, first, a removal of the cause, and second, the remedying of the secondary trouble. For the accomplishment of the first, the bismuth prescription given above will generally suffice, especially if combined with opium; for the second, the most concentrated and stimulating food, conjoined with large quantities of brandy, and, perhaps, compound spirits of ammonia, are indicated, and the amount of brandy taken in some cases is almost incredible; however, it should be pushed as far as is compatible with the welfare of the patient, and then there remains but to watch, wait and hope.

## Translations.

## ARTICLE XXXIII.

## FROM THE FRENCH.

EXCERPTS FROM LATE FRENCH JOURNALS. [Translated for the JOURNAL.] By A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

STATE OF THE CAROTID PULSE DURING INTELLECTUAL LABOR.—M. E. Gley of Nancy, after having called attention to the researches of Tanhoffer and of Mosso, gives an account of his experiments. His conclusions are as follows:

1. During intellectual labor there is an increase in the number of heart-beats, which seems to be in a direct ratio to the intensity of the attention brought into activity.

2. Dilatation of the carotid artery and diastole, more marked, of the carotid pulse. These are phenomena the reverse of those found about the radial artery.

3. The above characteristics are more marked when attention is stronger.

4. They persist for some time after cerebral activity has ceased.

5. These modifications do not depend upon changes either of cardiac action or of respiration.

6. They depend upon a vaso-motor influence.—[*Bull de l'Acad. de Méd.*]

AMYLOID KIDNEY WITHOUT ALBUMINURIA.—At the Société Médicale des Hôpitaux, M. Straus said that in the symptomatology of ordinary amyloid degeneration of the kidneys, albuminuria was generally found. M. Lecorché has expressed the opinion that frequently albuminuria is absent in the urine, in this affection.

In support of this M. Straus had four complete observations of amyloid degeneration of the kidneys; three in tuberculous and one in a syphilitic patient. In all these cases, the other abdominal viscera, on section, were found to present the same degenerative changes.

A tuberculous female upon whom thoracentesis had been several times performed, had, at the beginning of the year, pneumothorax; a few days later the pleurisy became perulent. Besides the lesions of the lungs and pleuræ, there was hypertrophy of the liver, spleen and all the characteristics of amyloid degeneration of the abdominal viscera.

During the whole sickness of this patient, the urine was carefully tested and not a trace of albumen could ever be found. She died May, 5. On post-mortem examination, the amyloid degeneration of the liver, spleen, kidney, etc., was confirmed by iodine reaction.

The kidney presented certain lesions, explanatory of the absence of albumen in the urine. The afferent arteries and the glomeruli were hardly altered, a few vascular loops being attacked. The degeneration was much more marked in the medullary portion, and the straight tubes were completely degenerated. This explains the absence of albumen, which is filtered at the glomeruli. In a phthisical subject, with hectic, etc., the absence of albumen in the urine cannot be taken as proof of amyloid degeneration.—[ *France Médicale*.

**BACTERIA OF LEPROSY.**—M. Gauché, last December found bacteria in the blood of a leper. He cultivated the bacteria and found it always the same, at times under the form of rods and others of micrococci. Inoculations made, have so far proven barren.—[ *Progrès Médical*.

**HERMAPHRODISM OR HYPOSPADIAS?**—At the Société de Chirurgie, M. Magitot related a rare case of hermaphrodisism. The individual, born of healthy parents, was registered as a girl in the books of the commune. The courses began about the age of 13; at the same time, the breasts developed and she found herself drawn to the young men of the village. She married, but copulation could never be accomplished. Her husband died in 1871. Since that time, her ideas changed, she has had several mistresses with whom coitus was affected in a normal manner.

She is 1.78 metres in height, has beard, shaving every second day. The face has no pronounced sexual characteristics, but the muscular development of the body is rather that of a man. The pelvis is masculine, the femurs having no tendency to converge.

The pubis is covered with hair; the perineum is wide and covered with hair. The penis (?) has the dimensions of that of a twelve year old child, but during erection it becomes double the size. There exists hypospadias. In the thickness of each labium can be recognized the presence of a testicle and epididymis. Below the penis there is an infundibulum, which when penetrated by the finger is painful. No uterus can be felt. During sexual intercourse there is emission of a spermatic fluid of ordinary appearance, but in which no spermatozoa can be found.

This hermaphrodite, no doubt, belongs to the class of imperfect bisexual hermaphrodites of Geoffroy-St.-Hilaire. If, on the other hand, we base ourselves upon recent embryological researches, we would arrive at the conclusion that this is a man with hypospadias.—[*Gazette des Hôpitaux*.

CALORIC IN ANIMALS.—M. Darsenval has made experiments upon diverse animals, pigeons, hens, guinea pigs, dogs and rabbits. The quantity of heat evolved is about in proportion to the size and weight of the animal. A guinea pig weighing 1 kilo., disengages nine calories in one hour; six guinea pigs weighing together 1,360 grms. will disengage, in the same time, nine and two-tenths calories. Birds are very poor producers of heat, but excellent storers. Inanition has the influence of diminishing the quantity of heat produced, to a considerable extent.—[*Ibid*.

PSEUDO-MUSCULAR HERNIA.—M. Farabouf recently reported upon a case presented to the Société de Chirurgie by M. Bousquet. It is that of a young civil engineer who, whilst serving his time in the cavalry, was taken with a violent pain in the thigh with considerable ecchymosis. A month later a tumor appeared upon the thigh, and slowly enlarged. There was here a rupture of a muscle followed by a slow and progressive retraction of the upper portion of the muscle. In repose, nothing almost can be seen; if the adductor medius is con-



tracted, the muscles of the internal part of the thigh rise and the tumor appears.—[ *Ibid.*

**MENSTRUAL FLOW THROUGH THE KIDNEYS.**—A little girl, aged 8, of good health, and whose parents are gardeners, had black hair, and was hairy enough already to foreshadow her future development into a bearded woman.

She was a hermaphrodite, that is to say, the clitoris was much developed, the vagina imperforate, the mons veneris covered with hair that was long and thick. The writer was called to treat the child for urination of blood, which occurred every twenty-fifth day and lasted each time, four or five days.

It was preceded, accompanied and followed by a fever that was quite active. An examination of the urine showed a large quantity of albumen. This albuminuria preceded, accompanied and followed the passage of blood, but it and the fever, which was very intense, promptly ceased a day or two after.

Finally the little girl succumbed to this affection, the attacks becoming more grave and intense at each period. I took it to be, as also some others, the menstrual flow, vicariously performed by the kidneys.

It was impossible to make a post-mortem examination, else the presence or absence of ovaries might have been demonstrated.—[ *Jour. de Méd. et de Chirurg. Prat.*

**TRICHINÆ IN THE LABORATORY OF HAVRE.**—The minister of agriculture and commerce, has recently instituted at Havre, a laboratory specially destined to the examination of foreign meats. The laboratory is in the charge of M. Johannès Chatin; its *personnel* comprises twelve micrographers and several aids. The following, for example, is the proportion of packages which were eliminated, in a fortnight, because containing meats affected with trichinæ:

Bacon, (sides )	7	per cent.
Breast,	25	“ “
Hams,	35.29	“ “
Shoulders.	43	“ “

Every piece is examined, several sections being made on each.—[ *Lyon. Médical.*

**ACNE ERYTHEMATOSUS.**—M. Grellety proposes the following for acné erythematosis of the face :

Starch,	30 parts.
Sub-nitrate of bismuth,	2 “
White oxide of zinc,	2 “
Sublimed sulphur,	2 “

Wash the face every night before going to bed, with a small sponge saturated with liquid glycerine soap, then wash with very warm water, using it liberally. When the skin is wiped dry, put on some cold cream; after which apply the powder given above.—[ *Ibid.*

**TENDON REFLEXES.**—M. Prévost, in the *Revue de la Suisse Romande* has an excellent memoir on the subject. The result of his experiments upon animals proves conclusively that sections of the cord and of the spinal roots of nerves, as Tschiriew has said, show that in the rabbit the sixth pair of lumbar nerves are necessary to produce the patellar tendon reflex. This pair corresponds to the third or fourth lumbar in man. Again, lesions of the cord, on a level or a little above the exit of the sixth lumbar pair also abolish the tendon reflex, if at all deep ( which confirms the experiments of Tschiriew, contrary to those of Burckhardt ).

Anæmia of the cord, produced in the rabbit by compression of the aorta, modifies the knee phenomenon. After a few seconds of compression, the phenomenon is exaggerated during a few seconds, progressively diminishes and disappears entirely after a compression of forty-five seconds.

As soon as the blood is allowed to circulate by removing the pressure on the aorta, the knee phenomenon returns, after a lapse of time, varying from 15 or 20 seconds to one or more minutes. The re-appearance is slower in coming in proportion to the time spent in compression and to the exactness with which it was done.

Anæsthetics can abolish the knee phenomenon, if anæsthesia be profound. This disappearance, during anæsthesia may be considered prodromic of collapse.

Like epileptoid trepidation, the knee phenomenon is transmitted to the opposite side. This is much more marked in animals, in whom the cord has been cut transversely in the dorsal

or upper lumbar region, all the reflex phenomena being intensified. In consequence of all these experiments, it must be admitted that the knee phenomenon has an origin which is directly spinal and of a reflex nature. It is the excitation of the tendon and not of the skin that provokes the reflex phenomenon.—[ *Paris Médical*.

**NUX VOMICA AND CHARCOAL FOR TYMPANITIS.**—Maurice Raymond treats tympanitis of typhoid fever and enteritis by the following:

℞ Pulv. nucis vomic.....0. 30 grms.  
Pulv. anis.....0. 15

M. Div. in Chart. No. ij.

Sig. One powder morning and evening.

Two tablespoonfuls of powdered charcoal are to be taken during the day.

These are said to act very advantageously.—[ *Paris Médical*.

**UNCONSCIOUS VISION.**—At l' Hôtel Dieu, in Paris there is a man who is completely blind and in whom the reflex movements of the pupils are intact. They act perfectly under the influence of light and under the influence of accommodation, when the patient makes an effort as if to see at a distance. This man cannot distinguish day from night, he is conscious of no perception of light; and, yet all goes on in his eyes as if he could see.

When the fundus is examined with the ophthalmoscope, it appears almost normal. The papilla is somewhat pale, but without any perceptible alteration in it or in the vessels. The blindness came on under peculiar circumstances.

January 2, 1871, in fighting, he received a saber wound on his forehead. The point of the sabre had penetrated deeply into the brain, he says: After a loss of consciousness of a few minutes, he dragged himself to a neighboring house, and fired. The wound healed rapidly, but he became subject to headache. At first, the pain in the head became very acute at times; a feeling of vertigo was also present and vision abolished for about ten minutes. This temporary blindness did not leave any traces during the intervals, and he resumed his occupation after having left the army. In 1879, whilst working he was taken with violent headache which persisted for several weeks, attended often with convulsive movements of the eyes. July 16, at 8 A. M., he

suddenly had an attack, fell backwards and was unconscious for about an hour. When he recovered he saw perfectly well; but his sight rapidly became less clear and six hours later he was completely blind.

The reflex movements exhibited by the eyes show that although the man does not see, the optic nerve has preserved its functions. The lesion then must exist beyond and if in the cortex, there is some hope that an autopsy may reveal the lesion, and by that means locate the exact position of the area of the brain devoted to the sense of sight.—[*Gazette des Hôpitaux*.

**SECRECTIONS IN SKIN DISEASES.**—M. E. Guibout says that skin diseases may be divided into two great classes: the secreting and the non-secreting. The first produce nothing, have always the same characteristics; the latter become greatly modified by the very secretions which they cause.

Among the non-secreting affections we find those in which the primary lesion is a papule (prurigo, lichen); those in which it is a discoloration, be it sanguiferous, congestive (erythema) or hemorrhagic (purpura) or due to a pigmentary disorder (chloasma, lentigo).

Among the secreting affections are classed all those whose initial lesion is a scale (psoriasis, pityriasis, ichthyosis); a vesicle (herpes, eczema, varicella, miliaria); a pustule (impetigo, echthyma, acne pustulosum); a bulla (pemphigus, rupia); or an ulceration (syphilides, scrofulides ulcerativum).

In this latter class we find two distinct varieties: Those having a secretion always dry, and those having a secretion always moist. The dry secretion is always an epidermic product. It consists of thickened, white, adherent scales in psoriasis; pulverulent, furfuraceous, in pityriasis; foliated in malignant exfoliating herpes; and thick, horny in ichthyosis.

In the moist secretion, the product secreted is variable in quantity. It may be a clear serum as that filling the vesicles of eczema; a crystalline, transparent serum filling the vesicles of miliaria and which Hebra has compared to the drops of dew, shining among the leaves and flowers. The pustules of impetigo, echthyma, pustular acné and sycosis enclose an opaque pus which, in rupia, is mixed with blood.

As is the case with plants, some seek dry soil and others

moist soil. The dry portions of the skin are attacked by affections having dry secretions, and the development is slow and with a tendency to chronicity. On the other hand, where the skin is fine and moist, it is the affections with moist secretions that make it their *habitat* and develop with rapidity with acute, inflammatory action.

Pain is a not unimportant phenomenon. Where there is secretion, there, is no pain; but it arises and often manifests itself in a most violent manner where there is no secretion.—[*France Médicale*.

VITALITY OF THOSE UPON WHOM TRACHEOTOMY HAS BEEN PERFORMED.—M. Mougeot some time since affirmed that those upon whom tracheotomy had been performed rarely if ever arrived at the age of 21, when the operation had been performed for croup. M. Thouvenet, in a note to the Academy of Medicine, demonstrates the very opposite. Among the children operated on by him, there are at present patients who have attained the age of 34, 30, 29, 27, 26 years, etc. All are in good health, and the argument of M. Mougeot, that cicatrices of tracheotomy could not be found among conscripts, falls to the ground.—[*Ibid*.

VOMITING OF PREGNANCY.—Vidal often employs, in the vomiting of pregnancy and in nervous vomiting, a method which is of great value and of easy application. It is simply enemata of chloral. Each enema is composed of a glassful of infusion of orange leaves containing a gramme (grs. xv) of chloral. Two are to be given daily, a half-hour before meals.—[*Lyon Médical*.

## ARTICLE XXXIV.

## FROM THE GERMAN.

Translated for the JOURNAL. By A. H. OHMANN-DUMESNIL,  
A. M., M. D., of St. Louis.

**CEREBRAL HEMIATHETOSIS AND HEMIATROPHY.**—Dr. Paul Julius Moebius had a sixteen year old girl brought to him, Sept. 3rd. 1880. The mother said that, hitherto, nervous diseases had never occurred in the family, with the exception of herself. When eight months pregnant with the present daughter she was greatly frightened at the sight of a corpse. The child was weakly during infancy and often had "cramps," i. e., it became unconscious and cyanosed in the face. But once only did she have contraction of the limbs. At the end of her first year she had a severe and prolonged cramp, in which the limbs of the left side only were involved. The parents remarked after this, that there was hemiplegia of that side. The cramps never recurred; but there arose in the paralyzed limbs a tremor, which is persistent. Since, the child grew apace, was healthy, attended school with moderate success, and became mentally remarkable only for irritability. The paralysis remained as it was.

The girl was strong and hearty. The left corner of the mouth was somewhat higher than the right and jerked slightly upon protruding the tongue. The sensibility of the whole body was unaffected, the special senses, likewise undisturbed. The left arm hung limp, the forearm being slightly flexed, the hand strongly pronated, the hand and fingers flexed and grasping the thumb. When standing still the hand lay behind the trochanter major; but as soon as it was brought forward or when tranquility was disturbed, by asking questions, the hand began flexing and the fingers to alternately flex and extend, one after the other. All voluntary motion could be performed, though slowly and awkwardly, except extending the hand and flexing the forearm on account of antagonizing muscles, which rendered such action more difficult. No muscle was atrophied, although the

left arm was, in all respects, inferior in size to the right. The susceptibility to electricity seemed normal, when the contraction of single muscles and the resistance offered by other muscles were taken into consideration. The left leg was shorter than the right, slightly flexed at the hip and knee and the foot in a position similar to talipes varo-equinus. The naked foot showed an action of the toes similar to that observed in the fingers. The walk was slightly limping, but the patient could walk considerable distances without being fatigued.

The treatment consisted in the administration of Fowler's solution and enjoining the use of passive movements. In this manner, a decrease of the muscular weakness and a slight increase in the motion of the hand were obtained.—[*Memorabilien*.

PRESERVATION OF SYRUP OF IODIDE OF IRON AND OF LIQUOR OF THE SESQUI-CHLORIDE OF IRON.—Mylius shows in *Pharmac. Centralblt.*, that placing a piece of iron wire in syr. ferri iodid. as prescribed by the German pharmacopia, has no effect whatever toward the preservation of the liquid. It is well known that salts of the oxide of iron, under the influence of sunlight, especially the rays that act chemically through certain easily oxydized organic substances, (among which is sugar) are easily reduced, by which free acids are formed, among other things. This also occurs if there is not a sufficient quantity of iron present to be formed into iodide. The iodine that does not enter into combination colors the solution brown. The solution is such that the proportion of acid is not great enough to eat upon any iron wire placed in it.

A similar error occurs in regard to the liq. ferri sesqui chloridi, that it should be kept in a dark place. That is done to prevent the occurrence of a reduction which will not be effected by exposing it to direct sunlight. It could only act in case organic substances were present; but such substances in the preparation must not be taken as an accepted fact.—[*Archiv. für Pharm.*

LEFT HEMIANOPSIA.—A patient had, through a fall, an almost vertical fracture of the right side of the occiput and right parietal bone. Parts of the brain escaped and about a handful of particles of bone were extracted. After the healing of the wound a left hemianopsia was observed which must be brought

in connection with an affection of that part of the cerebral cortex in which Munk has located the centre of sight. The author, Dr. Schmidt-Rimple says that the patient has full hearing in the right ear, and other defects are not apparent. At times the patient complains of vertigo, which is connected with a strong shaking of the right side.—[*Centralblatt für Nerven heil K. etc.*

GOOD RESULTS OF FARADIZATION.—Dr. Edgar Kurtz complains, in *Memorabilien*, of the little use made of Electricity by physicians, in general practice. He has used primary and secondary currents of an induction apparatus with great success and proceeds to give details of several cases. In twenty sittings he cured a lady of 30, of crural neuralgia. Another case, that of an enlarged spleen, yielded in one and a half months to daily applications lasting fifteen minutes. He gives several cases of sciatica relieved by this means, in varying periods. Tremor, in a girl aged 18, whose mother is “exquisitively” hysterical, disappeared after 24 sittings. Muscular rheumatism in a man aged 58, and experienced for years with remissions and exacerbations gave way under the combined effects of massage and faradization, in four sittings. The 12th, and last case detailed is that of nocturnal enuresis in a girl aged 5. Besides this she could not hold her urine well during the daytime. Fourteen sittings sufficed to entirely relieve her of her affection.



## Proceedings of Medical Societies.

### ARTICLE XXXV.

#### ST. LOUIS MEDICAL SOCIETY.

SATURDAY, May 28th, 1881.

DR. RUMBOLD presented each member with a copy of the transactions of the Society for 1880.

DR. DUDLEY.—Mr. President: I move the thanks of this Society be extended to Dr. Rumbold for this excellent report of our proceedings for last year. Unanimously carried.

#### **Cholesteatoma.**

DR. WILLIAMS presented some specimens of cholesteatoma in external meatus of the ear, and then read a paper on the subject, (will be published hereafter.)

DR. DICKINSON.—Mr. President: I rise to compliment the gentleman on his paper. I was not aware that the affection is so rare as presented. Tröltsh reports he has met with one or two cases of this disease in the the locality mentioned, but I do not remember to have seen a case in my own practice.

DR. POLLAK.—I recently read an account of certain cases of amblyopia in London being caused by cholesterine crystals. These crystals are most beautiful to look at. They look like glittering pieces of gold, *plui d'or*—rain of gold. I will take these crystals home and compare them with those I have in my microscopical collection. I never heard of these crystals being found in the ear.

#### **Case of Glioma.**

DR. DICKINSON.—Mr. President, I will call the attention of the Society to a case of glioma, which is not only interesting in itself, but is also suggestive of other questions which cluster about it. It occurred in a patient who was presented to me about two months since. The patient was a child 20 months old; until three weeks previously the parents had observed nothing the matter with the child at all; and even then their attention was first called to it by a stranger who happened to

look into the eye in a favorable direction. When I saw the child I immediately decided in my own mind its nature; but in order to be entirely sure, he was submitted at my request to the inspection of Dr. Pollack, Dr. Williams and Dr. Niehaus; they all agreed with me in opinion in regard to its character, and that its immediate removal was not only advisable, but imperative while yet it was confined within the globe. This operation was accordingly a few days later, performed. I have seen the child twice since, the last time but a few days ago, and no regeneration of it and no signs of it have appeared, as is so frequently the case. It is the usual history that gliomata regenerate after periods, varying from two or three weeks to several months, death often however, ensuing within six weeks. The patients sometimes survive for several months, especially if enucleation is early performed. A patient three years of age, whose eye thus affected I enucleated a year or two since, survived fifteen months before there was any sign of regeneration. Dr. Niehaus informs me that he had a patient that lived eleven years, and the child is still living. Dr. Pollak also informs me he has had one who survived nine years after the operation and is still living. I think twelve or thirteen years is the longest period that any patient has survived after the performance of the operation. As the patients were still living at the time the reports were made they may have survived still longer. In the case that I report, the fact of its being early observed, leads us to believe and hope that the infected portion was entirely confined within the globe. It may yet return, but we hope not.

DR. POLLAK.—Cases of glioma sometimes come on in that way, not frequently however. Within the last few weeks I have seen three cases, one of which Dr. Dickinson was kind enough to send me, and another person left me and went to Dr. Michel last week. All those eyes have been removed, but what the ultimate result will be I don't know. I have those eyes preserved in Müller's solution and may perhaps be able to make a microscopical examination; if so, I will present the Society with the result. I have had a good many cases on my hands, and only in one single case it failed to return, and that was a nun. Her eye was removed nine years ago, she has been engaged in her duties since, and has never complained of it. In all the other cases it has returned afterwards in one or two

months and terminated fatally in every instance, except in that one case. I remember a little child who had it removed twice within six weeks. The gliomatous eye was removed, and the tumor again returned a few weeks later, and I almost declined to remove it as I thought it would be causing the child needless pain, but the parents insisted that something must be done, so I removed it a second time, and fortunately the child succumbed a week later and ended its suffering. It always would return. Another patient came from Iowa and I recognized glioma sarcoma, and insisted on the eye being removed. A year later he came back with the socket completely filled with plastic sarcoma. By-the-by, I have one specimen of the patient from Iowa. Dr. Baumgarten also has some specimens; also Dr. Bull of New York, who assisted me in the operation, has several specimens. The sarcoma was removed and he returned home, but the socket filled again very shortly afterwards.

DR. DICKINSON.—Gliomata, I will add, are recognized as having their origin and seat in the retina sarcomata in the choroid coats of the eye. It is very unusual for gliomata to appear after children have attained the age of eight or ten years. This affection is peculiar to childhood and infancy, but sarcoma may occur at any period.

#### Roetheln.

DR. MAUGHS.—I would like to call attention to the epidemic of Roetheln, or German measles which is prevailing extensively over the country. Not very much in St. Louis, but throughout the entire valley. There are thousands of cases at St. Joseph. Dr. Lester told me that a great many cases have occurred in Kansas City, and that the disease is prevailing as an epidemic throughout the country. All the old authors speak of measles as occurring without the ordinary catarrhal symptoms usual in measles. These cases present many of the characteristics of measles, yet measles may occur in the same individual within a very short time. The German's signify the disease as Roetheln. The disease occurs not unfrequently with but a slight exanthem, so that many of the German writers describe it as measles without the eruption, or, *measles sans eruptionalis*. In all the cases I have seen or heard of, it is not difficult to recognize the difference between a typical case of roetheln and a typical case of measles, and yet they run very closely together. In

roetheln, or German measles, we have post cervical enlargement. The exanthem comes on with fever, catarrhal symptoms and a watery condition of the eyes. In three or four days the catarrhal symptoms begin to fade and disappear. The rash begins to appear on the face, and generally extends to the extremities. A typical case of roetheln, rubeola sans of the old writers, would be an exanthem commencing with this catarrhal fever, a very slight rise of temperature, the catarrhal symptoms lasting until the eruption breaks out on the face, and then spreads rapidly to the neck and chest, and thence to the lower extremities. Very often the eruption spreads over the entire body in the course of forty-eight hours and has entirely disappeared. The rise of temperature is very slight. The child is not necessarily confined to bed, indeed it can often be out of doors, or out in the room. Now in a case of measles morbilli, rubeola, or morbilli of the later writers, you have catarrhal symptoms lasting only a day, the rash breaks out on the face spreading over the neck, chest and lower extremities; and there is one, two or three degrees rise of temperature during the entire period—a course of six or seven days. Three or four days after the appearance of the rash the child is almost entirely well. That is a mild case of epidemic measles. When we have rubeola sans catarrh, —roetheln—with an aggravated catarrhal fever, the temperature rising, as I have seen in one case to  $104^{\circ}$ , I was certain the child had measles. When the eruption broke out upon the upper portion of the chest and neck spreading rapidly over the entire surface of the body in the course of forty-eight hours and disappeared. The child was well. That was a case of aggravated roetheln with catarrhal symptoms running high, great bronchitis and rise of temperature. In every case of mild, or aggravated roetheln that I have seen described, the enlargement of the post-cervical glands is spoken of. I thought I would mention this as it is prevailing extensively over the country and is being confounded with measles. The advantage of diagnosing it is not so much on account of the treatment, for almost any treatment will answer, but the especial advantage is that it does not throw the parents off their guard as to the liability of the child to take the measles, provided it is known that it is not rubeola. Measles may occur more than once, I have seen a few cases myself where it occurred a second time—especially during violent epidemics. I don't think I ever saw it occur a second time

except during the prevalence of epidemic influence. Røetheln does not protect from measles, nor does measles protect the child from røetheln. I would like to hear the views of the members present on this subject.

DR. DUDLEY.—I wish to say a word in regard to the remark of Dr. Maughs that we do sometimes see a recurrence of measles a second time. I remember during the late war, when physician of one of the prisons here, that a large number of adults who, according to their own testimony, were attacked with this disease a second time. Of course I had no opportunity of collecting any of the facts, as to whether they had had measles before or not, but this being so common a disease, and one which almost anybody can so very readily diagnose, I presume in most instances they were correct as to the fact of having had the disease in early life. All the cases to which I refer were among adults—men—many of them advanced far in life, and it was astonishing to me to see the number of persons who were taken with this disease, according to their statements, a second time. I might say in this connection that, in the same prison, during the late war, other eruptive diseases—small-pox for instance, of which a number of cases occurred, some of which spoke for themselves very plainly by the marks upon the patients hands or person were contracted a second time. I didn't know then, nor do I now know, what to attribute it to, unless it was the vitiated atmosphere in which those persons were confined necessarily—being greatly crowded together in the prisons without having anything like the quantity of air that is proper.

DR. MAUGHS.—Dr. Dudley endorses my view exactly. I believe the measles do occur a second time under intensely epidemic and crowded conditions. I think also that measles and røetheln are correlated, one to the other and belong to the same disease. They are closely allied and yet one does not protect against the other.

DR. A. GREEN.—I recollect some years ago, in 1873 or 1874, we had an epidemic of measles and at the same time scarlet fever, and I think measles were sometimes mistaken for scarlet fever, that is, the eruption in some cases was just like scarlet fever, some of them had catarrh and bronchitis—if you examined the fauces and tonsils perhaps you would find a little catarr-

hal redness, but you would never find anything of what we call diphtheria, but as soon as I discovered some diphtheritis of the tonsils, I determined that it was scarlet fever. As for roetheln, I saw some cases at the time mentioned and at other times. The principal differential diagnosis between roetheln and measles is, that the former is very seldom accompanied with fever and never with catarrh of the bronchial tubes, whereas in measles, it is the bronchitis, and in hard cases, capillary bronchitis, which in some cases extends to the alveoli and becomes a broncho-pneumonia, which characterizes the severity of the disease, namely measles.

SATURDAY, June 4th, 1881.

**Eureka Springs.**

DR. WILLIAMS—Mr. President: It has recently been published in the newspapers of this city, that a physician from Nashville, Tennessee, who was a druggist, had become blind, hopelessly blind as was supposed by his physicians. Dr. P. F. Eve was his physician years ago in Nashville, and treated him for a considerable time, but the man became so blind that he couldn't see to get about, and the doctor concluded that he was hopelessly blind from opacification of both cornea. This man recently had some other bodily trouble which took him to Eureka Springs, and while there, so the report goes, he suddenly regained his vision. Being somewhat interested in the matter I wrote to Dr. Eve of Nashville, not knowing at that time that he was dead, asking the particulars in regard to the case. His son replied. He couldn't give me the particulars. If such a doctor or person lived there formerly he does not live there now. He was under the impression that the whole thing was a fraud. Now there is another matter in connection with the virtues of the water of Eureka Springs which I wish to ask a question in regard to. It is currently reported in this city that malignant tumors in all parts of the body are dropping out down there at the Springs. That they have dozens of them in bottles; in fact, before I came into this Society a man told me that he had been to see a lady in this city who had some large malignant tumor of the face, and that she has been recently using imported Eureka water, and that this tumor has now

dropped out and left a hole in her face which is granulating nicely. This gentlemen told me there were a number of other persons in this city with malignant tumors who are using this water with favorable prospects. What I wish to ask is, what is the effect of the water of Eureka Springs on malignant tumors?

DR. RUMBOLD.—Mr. President: I can give some little history of Eureka. I was down in Southwest Missouri, at the District Medical Society last April, at Pierce City, in the neighborhood of Eureka Springs, and I took occasion to ascertain from Dr. J. E. Tefft of Springfield, what were the virtues of the water. He said he didn't know; he thought that the thing was a fraud. He related a case of one lady who lived at Springfield, who had been a former patient of his, and who had varicose ulcers on her legs, and she was reported to have entirely recovered after having been at the Springs for a few weeks. He was well acquainted with her and called to see her, and he says she was the same she had been when she left, except that the sores were washed clean. Another case that he was acquainted with was a man who was reported to be blind who lived at Harrisonville, in this State. It was reported that he was greatly benefited on being at the Springs a few weeks, whereas he was not in the least improved. Another case that is reported, is that of a man who went to Eureka Springs and went around to the different places and took his hat off showing that his head was entirely bald. He drank the water and stayed there several weeks, and the hair commenced to come out, and before long a good crop of red hair had appeared. A few weeks afterwards the man got tight in Springfield and told how he had been paid five dollars a day to have his head shaved clean and stay long enough to have the hair grow out.

DR. ANDERSON.—Talking about hair growing out, reminds me that I had an interesting case. An old lady, 79 years of age and a family connection of mine, had erysipelas about a year ago, of the face and head, and her hair came out completely, every hair of her head came out so that she was as bald as the palm of your hand, and I supposed that it would be permanent, but I gave her a course of treatment—quinine and iron, nothing else, and when she recovered from her erysipelas, notwithstanding her age and the fact of her complete paralysis on one side, (she was hemiplegic from an attack of apoplexy) her hair



returned thick and glossy, and it is now perhaps a foot long. I think it is a very unusual occurrence.

**DR. WILLIAMS.**—So far as the statement that Eureka Springs' water cures sore eyes is concerned, I know from personal observation that it is not true. I have seen as many as a dozen persons, I think, who have made a trip to Eureka Springs for the purpose of curing their sore eyes, and they came away just as bad as they went there; so that as far as curing common sore eyes is concerned, Eureka water has no effect. I think it is barely possible that the water might have a favorable effect upon optic nerve troubles, constitutional troubles, brain troubles and diseases of the spinal cord, things of that kind. About a week ago, a minister of this city went there for his health, and came back and told me he saw two or three cases. One lady he said had a tumor of the chest which just dropped out. I laughed at him and was inclined to dispute his word and he got "huffy," and asked me if I didn't think he knew what he saw? I told him I didn't dispute his word, but there must be some fraud somewhere in the matter. But it is quite a common impression here that these tumors are being cured by the effect of Eureka Springs' water.

**DR. WESSELER.**—I want to testify to one malignant tumor that was not removed with Eureka water. A man who had been working on the railroad. He had become so disabled that he couldn't continue work any longer, and the hands in some way secured him a pass to get him removed there. He stayed there some time and when he returned not long ago he was so debilitated, so weak that he could scarcely stand. He came to the Alexian Brothers' Hospital where he died from cancer of the stomach. Another case, also of a railroad man, which the Eureka Springs water didn't benefit, came under my observation. This patient had gone to Eureka Springs and remained there some time but instead of getting better he got worse; came back to the city to be treated and being unable to secure any accommodations finally found his way down to our hospital. He remained there several months without being much benefitted. This man had some spinal trouble and said that Eureka Spring water never relieved him. I know one man who is drinking Eureka water that is brought from the Springs. He procures it at the drug store on Sixth and Chestnut, and pays 40 cents a



gallon for it. I am going to wait and see how much benefit he is going to derive from it.

DR. DUDLEY.—What is the matter with him?

DR. WESSELER.—Chronic rheumatism.

SATURDAY, June 11th, 1881.

**Tumor of the Larynx.**

DR. RUMBOLD.—Mr. President: During this week I have had a very interesting case in my office that was sent to me by Dr. E. A. Prince of Jacksonville, Ill. Mr. Frank Vivell æt. 51, a German baker and confectioner. His general weight was about 215 pounds, but his weight at the time I examined him was 183 pounds, his appearance was that of a strong man.

From 1851 up to about five years ago he suffered from severe head-aches, he was in pain always; but, at times his head-ache was so severe that he could neither sit, stand nor lie down with any comfort.

Up to Jan. 1880, he had no swelling in his throat or on his back that he could observe. During Jan. 1880, he suddenly lost his voice, and after striving to speak aloud for some two weeks he, for the first time, noticed the swelling in his throat. He did not do anything for this until March, when he clearly noticed that it was enlarging on the outside of the neck. Sometime after, when a special point on the left side of his neck began to swell he visited Dr. Glasgow of St. Louis, who made an examination of his throat and said that the vocal cords were partly paralyzed. Dr. Glasgow gave him some medicine to be placed in a pitcher of hot water, and the steam arising from this was to be inhaled into his throat through a cone of paper. The effect of this inhalation made no visible improvement. The doctor then made an application to the vocal cords with some remedy that had a sour taste. For a short time his voice was a little improved. This application was made twice. Mr. Vivell did not again visit Dr. Glasgow, as he had told him that his trouble was nothing and that it would disappear of itself in a short time.

About July, 1880, he visited Dr. Turner of Carrollton, Ill., who made a casual examination of the throat without the aid of a reflector; he prescribed medicine to be administered by

Richardson's Spray, the effect of which was to increase the hoarseness. He used this spray about a month. At this time he had but little pain in his throat and that while speaking.

After this he visited several physicians receiving from each different remedies, but deriving no benefit from any.

Since the growth in his throat he has had less pain than previously. He now complains most of the difficulty in breathing. Speaking is not painful, but has to be forced, making it hard work. He rests tolerably well at night and during the cold weather of last winter his appetite was good.

Outside the neck the thyroid gland appears to be greatly enlarged. The greatest enlargement is on the right side, but the hardest portion is on the left side of the neck. This enlargement extends from one sterno cleido mastoid muscle to the other and includes the thyroid cartilage of the larynx, but does not commence immediately under the chin but from the pomum Adami to the top of the sternum. Three or four days before visiting me the sub-maxillary gland on the left side and behind the ear had become enlarged and somewhat tender.

Mr. Vivell was never sick in his life; in 1861 when he worked from 20 to 21 hours out of every 24 for six months, after which he was taken sick and was confined to his bed for two or three weeks; his physicians then said that he was in the lowest stage of consumption, but when he was able to leave his bed his health was apparently better than ever.

Temperature in the throat  $101^{\circ}$  F., pulse 84.

Examining his throat with the pharyngeal mirror I found that the epiglottis was pushed toward the right side, the left arytenoid was greatly enlarged as well as the aryteno-epiglottidean fold, the whole left side of the larynx was much enlarged. This enlargement included the left vocal cord which was so great as to encroach upon the right vocal cord, to the extent of preventing free respiration. The appearance of the mucous membrane is that of high congestion. The epiglottis was not increased in size, but the right arytenoid was swollen to about twice its normal size, the left to about six times its normal size. From an internal view the growth is pressing from the left front and increasing backward toward the right of the throat. This increase was now so great that the act of deglutition was rendered somewhat difficult, both on account of the pressure of the growth and the sensitiveness of the parts.

The growth was quite firm, the most protruding part on the left side being as hard as cartilage. The integument seemed to be discolored with the amount of blood in the growth.

Since Jan. 1880 until the fall of that year he had no voice, except at intervals; but since the fall, his voice had been very good, (always better in the morning) but it was evident that his voice was not in a normal condition, but was better than would be expected from the appearance of his vocal cords. While speaking it seemed that the sound came entirely from the right vocal cord. He breathed better while lying on the left side than when sitting up. During respiration, while asleep, the vocal cord is thrown into motion so that it produces a sound.

A letter from Dr. E. A. Prince of Jacksonville, Ill., stated that he had made an examination of the case and gave the diagnosis of "Enchondroma involving the left vocal cord and the thyroid gland and extending beyond."

DR. POLLAK.—What is the cause of the cyanosis?

DR. RUMBOLD.—The lack of aeration of the blood.

DR. POLLAK.—It seems to me the cyanosis could not arise from deficiency of respiration. I don't see what it could come from except from the arrest of circulation in some way. I don't suppose it arises from a deficiency of respiration, for it would be just as bad while he was sitting still as it would while he was walking about.

DR. RUMBOLD.—After he has been walking his face becomes redder at once. Even while giving the history of his case, and in long answers to questions, I noticed it a little. Frequently he had to stop speaking and draw in his breath and then go on again. I have noticed that in stenosis of the larynx (I have had quite a number of cases,) they become very blue before they die.

DR. LUTZ.—Can you get at the tumor?

DR. RUMBOLD.—It is on the outside and involves the whole of the front of the neck.

DR. LUTZ.—Is it likely you could remove it?

DR. RUMBOLD.—I am afraid that I can not. I would like to have the opinion of the members on the subject. It certainly involves the left side of the larynx and the thyroid gland is

enlarged, and I believe nearly all the tissues in the front of the neck are connected with the growth.

DR. LUTZ.—Can you see any of the tumors in the larynx through the laryngoscope?

DR. RUMBOLD.—Yes, sir. I saw it very plainly.

DR. LUTZ.—Is it a cystic tumor?

DR. RUMBOLD.—No, sir. It involves the tissues all around the neck. It is as hard as cartilage.

DR. POLLAK.—How is the thyroid gland?

DR. RUMBOLD.—It is enlarged and forms part of the tumor.

DR. DICKINSON.—By the kindness of Dr. Rumbold, I had the pleasure of seeing this very interesting case. The doctor's description of it well covers the ground. I think the thyroid gland itself is not involved, although this may be a little questionable. There is evidently a development of a large mass of tissue on the neck which compresses the larynx, I think for some four or five inches in length, commencing at the epiglottis at which point there is a tumefaction or tumor, which extends from the left over to the right, involving the left vocal cord. This is not visible; the right one is visible. This development whatever it may be is hard to the feel, and I am not disposed to question the diagnosis which has been given, viz., that it is an enchondroma. It may be so and it possibly may not. I should judge the circumference of the neck is eighteen inches.

DR. POLLAK.—What is the cause of infiltration?

DR. DICKINSON.—It is not infiltration in the sense of any liquid, it is the proliferation of material which constitutes the entire mass confined to the anterior portion of the neck leaving the functions of the several organs therein situated unimpaired, except the visible mechanical compression by which the respiration is impaired. In this connection I remember witnessing an operation performed by Dr. Langenbeck of Berlin. As I now remember, some of the man's symptoms were as follows: Deglutition was almost impossible—certainly ready, free deglutition was almost impossible; but whenever he attempted to swallow liquids they were almost always regurgitated, and the swallowing of solids was out of the question. His respiration was very

much embarrassed. On the left side of the neck were two tumors about the size of a pullet's egg. These were apparently quite superficial though extending profoundly; what these had to do with the interior and how they should produce the symptoms presented, the professor declared himself unable to tell; however, he resolved to undertake relief by removing those that were visible. He commenced the operation, cutting down upon them and found that they involved all the tissues of the neck and various important nerves and vessels. During the operation he ligated the carotid artery. While he was performing the operation, the man, who was under the influence of chloroform, ceased to breathe. That of course suspended the operation, and the professor was preparing to resort to the use of electricity with a view of restoring the patient, but it was found to be unnecessary. The moment was a very critical one, but the man revived sufficiently to enable the doctor to complete the operation. The man was then removed to the hospital but survived only about eight days. Upon making a post-mortem examination, there were found located within the trachea three tumors, pendulous and located in such a manner with reference to each other that during the respiration they would almost entirely close the entrance to the passage and prevent the introduction of air. In this was found the solution of the cause of the great dyspnoea. These tumors were similar in character to those on the outside. I have a friend in the City of Burlington, Iowa, who has suffered very much from stridulous respiration, especially after prolonged exercise. He has suffered in this manner now for about twenty years, to a much greater degree now than when it first supervened. In this case there has been a gradual contraction of the entrance to the fauces. When I saw him last August, the opening was only sufficient to admit the extremity of my index finger. I located the difficulty much further down than at the site of constriction spoken of, down very nearly to the bifurcation of the trachea. I am inclined to the opinion that there is an induration of the mucous membrane and submucous tissue of the trachea and possibly an enlargement of some of the mucous glands in that vicinity, as by pressure upon the trachea to give rise to this stridulous respiration. A great many surgeons have seen him and he has frequently resorted to the Hot Springs, and thinks he has been somewhat benefitted. Contraction of the trachea is my diag-

nosis. Contraction of the trachea with probably an induration of the mucous tissue as well as the submucous. Some twenty-five years ago I made the post-mortem examination of a man who had died, presenting peculiar symptoms. I found a tumor behind the clavicle and sternum which pressed immediately upon the trachea and œsophagus so as to produce difficult deglutition as well as dyspnœa.

DR. POLLAK.—If I may be permitted I will relate a case that came into my office last week. A girl of 14, from the southern part of the city presented herself, having been sick and under medical care for nine weeks. She complained of a very sore throat. I found respiration very fast and short, mastication and deglutition painful, phonation and articulation indistinct, hardly audible. Audition on the left ear, zero; on the right ear 86. On opening the mouth, a fetid breathing was met, tongue much coated, ptyalism abundant, the hard palate and buccal mucosa discolored from the use of strong gargarisms. A large tumor projected from the naso-pharyngeal cavity, filling up the arch under the velum, and driving the latter forward considerably. The tumor was not painful to the touch. Whether it had its origin in the antrum of Highmore, or in the tonsils was difficult to determine. Traction with the fingers showed only a broad base, which however, was easier defined, when drawn out with a vulsellum. An immediate removal was promptly demanded by the patient, who positively refused to defer it until next morning, so as to avail myself of the council and aid of my friend and neighbor Dr. Glasgow. So I consented to make the attempt. The fenestrum of the amygdolotome was found too small to admit the tumor. A long, narrow bladed probe pointed bistourie might have removed it but for the hemorrhage, which was sure to follow and might become troublesome, perhaps dangerous, and should be always avoided in anæmic subjects. I resorted to the use Chassaignac's ecraseur, the chain of which was slung around, pushed back to the base as far as possible. The result was every way satisfactory. The chain cut through its way slowly, with comparatively little pain and almost no hemorrhage. The relief was almost instantaneous and complete. The tumor weighed one ounce and one hundred and seventy grains. It is kept in Müller's Solution ready for microscopical examination. The patient presented herself twice

since the operation, every trace of the tumor has disappeared, and on the use of ferruginous tonics and good diet, she has entirely recovered.

DR. OHMANN-DUMESNIL made a drawing on the blackboard and,

DR. RUMBOLD said: Dr. Ohmann-Dumesnil has made a very good drawing of the laryngoscopic appearance of this case, and I will try and describe it. The epiglottis is a little enlarged, and very much congested. I think after pressing the left side of the larynx far to the right it leaves the trachea nearly its full size. The left vocal cord and left arytenoid cartilage are mainly affected.

DR. LUTZ.—I am very much interested in the case reported by Dr. Rumbold, for the reason that I have now under my care, through the kindness of a gentleman in this city, a case of a young lady just about 21 years old who has four tumors, which I took to be cystic, in the left neck. The two longest tumors are about the size of a goose egg each, and are situated in the triangle bounded by the sterno cleido-mastoid, clavicle and trapezoid muscles, filling up this entire triangle. One of the other two cysts occupies the left portion of the thyroid body. This is about the size of a hen's egg. The fourth tumor is situated above this and is now the size of a walnut. These tumors, at least the three larger ones, seem connected on the margin of the tumor that I have described as situated nearest to the base of the muscles. It is possible that it is a cystic degeneration of the thyroid body, and I have an idea that by making the posterior incision, that is, along the posterior part of the triangle, these three tumors might be brought out through the one opening. I think they are so connected that they could be removed through this one opening, and I am only waiting until the patient gains strength under constitutional treatment to attempt the operation. Now these tumors press the larynx away over to the right, I judge an inch and a half from the median line, so as to cause considerable hoarseness and much expectoration. There is inflammation of the entire mucous membrane of the larynx and she is incessantly spitting. In this connection an interesting question comes up, it is the cause of sudden death which occurs in cases of goitre, and for which authors have made quite a num-



ber of explanations, so many solutions have been offered as to indicate that the question is not settled. Some have attributed it to pressure on the laryngeal nerve; others attribute it to the sudden closure of the trachea produced by this pressure of the tumors, and a journal has of late offered an explanation, and demonstrated it by quite a number of post-mortem examinations. It is that the continued pressure of these tumors upon the trachea produces a fatty degeneration of that body and that sometimes the sudden movement of the patient produces such a pressure as to bend the trachea, just as you might bend a piece of hose upon itself, and he also called attention to the fact that patients suffering with goitre hold their heads right straight, and seem afraid to move their heads in any other direction than that which keeps the sterno cleido-mastoid muscles on the stretch, and he explains that if they didn't do this the danger from sudden death would be much greater. It seems to me quite an interesting question. I think these tumors should be extirpated as early as possible. Of course we know that the removal of tumors about the neck is attended with many dangers, and surgeons are usually very loath to take them out, but the dangers of sudden death from the effects of them, argues in favor of an early extirpation. In Dr. Rumbold's case, the question is whether he will not be very soon called upon to perform tracheotomy? Whether the pressure upon the trachea will not become so great that it is impracticable to remove the tumor, bodily or in part? Whether he may not be called upon to make an artificial opening into the trachea?

DR. DICKINSON.—Is there difficulty in swallowing in your case?

DR. LUTZ.—There is very slight dyspnœa but no difficulty in swallowing. It seems that both the œsophagus and larynx are pushed to the right, though with the laryngoscope you cannot demonstrate any enlargement of the tumor upon the lumen of the trachea or upon the larynx. It has simply pushed it to the right side.

DR. FAIRBROTHER.—Mr. President: It seems to me that Dr. Lutz is talking about two different things. The case referred to, where three tumors follow each other down the trachea, seems to have very little connection with what is generally understood as goitre; and with regard to the removal of the



tumor of goitre, that seems a little wild. When we come to try to define the border of this tumor, is it not a kind of hypertrophy involving all the tissues so that it would be impossible to circumscribe it? I have, not long since, had a patient die of goitre—a very large growth extending from the larynx down four or five inches and of a diameter, probably, of eight inches. Latterly, great dyspnœa followed that growth. It had been many years in existence, has been a burden to the patient for ten or fifteen years, having steadily increased in dimensions. There was marked dyspnœa until she couldn't lie down on her bed in the dorsal decubitus, and was obliged to rest and sleep in the erect position. This was so wearing upon her nervous system that she became enfeebled by it and ultimately died, the goitre being the indirect cause of death, from nervous irritation of the entire system. I didn't get a post-mortem examination, but after death I traced the trachea with my fingers back to this growth as far as possible, and to a considerable extent, but without finding any alteration in the direction of the trachea. Of course the goitrous growth impinged for five or six inches upon it, but did not alter its direction so far as I could discover. It did not alter its cylindrical condition; but when the patient was lying on her back, the weight of the tumor on the trachea resulted in dyspnœa.

DR. POLLAK.—In the mountainous regions of Europe there is plenty of goitre. I suppose one in every twenty persons in Switzerland and Styria is affected with goitre, but they always considered the removal of them impracticable. Nobody attempts to remove them. The ablest surgeons do not undertake it. I think Dr. Lutz will find that it is impracticable to remove them.

DR. LUTZ.—There have been plenty of them removed, and successfully, too.

DR. HENSKE.—Speaking of goitre I saw a case of enlargement of the thyroid gland looking very much like a goitre. The man was 52 years of age and had an aneurism of the arch of the aorta. About three months after I saw him, he died suddenly. I suppose that this enlargement of the thyroid gland was due to the pressure caused by the aneurism upon the returning veins.

DR. DICKINSON.—Operations by the *ecraseur* are not always bloodless, though they are usually. I remember witnessing an operation for the removal of a cancer of the tonsils in Paris, by Maissoneuve, with the *ecraseur* and a more bloody operation I think I never witnessed. The position of the diseased part was very far back and low down, which rendered it difficult of access. But in regard to treatment of this case by electrolysis, which Dr. Rumbold made inquiry about, I think the suggestion a good one and worthy of trial.

DR. LUTZ.—I do not wish to continue the discussion of goitre, but I would say to Dr. Fairbrother that the difficulty of diagnosing cystic tumors of the neck is by no means a small one, and it is very rash for the doctor to assume, or suppose that, in the case I related, or the case that Dr. Rumbold spoke of, I was positive. Tumors about the neck are very difficult to diagnose because of the multiplicity of structures that compose the neck. The best diagnosticians—so far as my reading goes—have been mistaken about the nature of tumors about the neck, and there is no telling but what, in the case I have very imperfectly detailed, the tumor, or tumors situated along the course of the trachea and larynx are an incipient goitre, and the other tumors may possibly be cysts that have developed there, or they may be a degeneration of the cervical glands. One of these cysts was tapped and they failed, with the ordinary hypodermic needle to extract any liquid, which would indicate that the cyst is not liquid, at least not liquid enough to be removed with the hypodermic syringe. There may be fluid of a similar kind as is found in ovarian cysts. I may say I didn't relate it in the outset because it has no connection with the case—that this girl has a rudimentary uterus and has never menstruated, and that there are three distinct tumors in the abdominal cavity, one of them connected with the uterus and the others are very likely connected with the ovaries. They are small but readily perceptible. They give no inconvenience at all, so that this seems to be a case in which there is a cystic diathesis—a tendency to develop cysts in the entire economy. There is no necessity for operative interference with the cysts of the abdomen. They give her no trouble. She never had any menstrual discharge, and never paid any attention to it until consulting a physician two or three months ago. The tumor in her neck grew, as she claims, one

of the tumors, the most posterior one, in one night. She went to bed feeling all right, and in the morning the swelling had appeared as large as a walnut. She consulted the family physician who prescribed some ointment and she says it disappeared, but subsequently reappeared, and the application of the same remedy did not influence it at all.

DR. DUDLEY.—How long is it since the tumors were first seen?

DR. LUTZ.—About two months.

DR. POLLAK.—It may be possible that in the case Dr. Dickinson referred to as being so bloody, the plain smooth wire ecraseur was used, while the ecraseur of Chassaignac has a chain so that it is an entirely different thing. Maissonneuve was one of the most brutal surgeons that ever lived. If he was in the United States he would probably be hooted out of the community.

#### **Ungual Exostosis.**

DR. LUTZ.—I have brought a tumor I removed ten days ago. I brought it because it is rather a rare occurrence. It is a simple case of ungual exostosis—a tumor growing from the epiphysis of the cartilage of the great toe. A tumor that is confined almost exclusively to childhood, and is usually attributed to some injury. In this case the girl from whom I removed it was a very stout girl about 15 years old, and she says that while at school one of the scholars stepped on the toe which made it sore and ulceration set in, and the tumor grew until it had attained its present size. It was very inconvenient, as she could wear no shoe, and for a time the foot gave her a great deal of pain. It has been two years growing. I removed the first phalanges of the great toe. I could have removed the tumor without the phalanges, but it is questionable whether the tumor would not have returned. You will see the tumor here. It is exactly as it was removed—none of the soft parts were taken away at all. The girl made a good recovery and the wound is almost entirely healed.

DR. POLLAK.—Where did the cartilage come from?

DR. LUTZ.—From the phalanges of the toe. This class of tumors is not so often observed on the great toe, and on the

small toe, as it is on the tibia—this one grew from near the angle of the nail of the great toe, under it of course—and from the distal phalanges.

DR. MUDD.—Mr. President, the tumor exhibited by Dr. Lutz is rather a large one of the kind. It is on the usual site of development. It is on the distal phalanges of the great toe, distinctly over the front cartilage. I have seen a number of those tumors removed, but have never seen the phalanges sacrificed, but the tumor was cut down upon and taken out. The growth has not, as a rule, returned so far as I know. It is a very pretty specimen, but the result would have been about as good had he left the phalanges, although the usefulness of the parts will be about the same. There is a point in the discussion of Dr. Rumbold's case to which I wish to refer. The history of the case as I understand it is, that the patient observed some thickening about the neck which increased gradually, producing difficulty of respiration. Aphonia was present earlier in the history of the case and dyspnoea later, just how, or why, I don't know. The doctor's theory of the case is that the tumor commenced—as I understand—from the thyroid cartilage, and that it was enchondroma springing from this, and the questions propounded by him is as to what is the best procedure to take? Whether we had better attempt to remove it or not? If there was no doubt that the tumor was a simple enchondroma and had not obtained such large dimensions, I should think it might be removed, but as it has attained such a large size in such a short time, I hardly think it can be a simple enchondroma, involving as it does all the tissues about the neck upon both sides, and pushing the arytenoid cartilage and vocal cord of the left side over to the right of the larynx, and not pushing as an enchondroma would be very apt to do—the larynx itself out of the median line. I think the history of the case as related by the doctor would indicate that it was a malignant growth that had its origin from the cartilage, or from the tissue of the cartilage; and I should think the only resource left to the doctor would be to resort to tracheotomy, and relieve the patient of the difficult respiration.

DR. STEVENS.—Would there be any advantage in removing a portion of the tumor to prolong life? Would it be practicable to do that?

DR. MUDD.—Where malignant tumors are disturbed, or only part removed, the growth of the part remaining is more rapid than if left undisturbed, so that death would occur more rapidly.

The way to prolong life would be to resort to tracheotomy, and give the patient free respiration. If difficult deglutition follow we might feed the patient through the œsophagus by means of a bougie; or that failing, we might resort to opening the stomach and feed him through a tube. I have now under observation a patient whose case is a very interesting one. He has a cancer of the larynx, which took its origin on the right portion of the larynx. There is also a large tumor on the right side of the neck cancerous, in its character. This patient was very comfortable during the winter and improved in his general condition, but this spring deglutition became difficult and emaciation commenced. We then commenced feeding him through the œsophagus tube, and he rapidly gained in strength and also in appearance, so much so that he was moved about with comfort, breathing freely and feeding regularly, getting an abundant supply through the tube—being able to swallow a little in the morning he was fed only once a day through the tube. Lately he has lost ground and has been unable to swallow any fluid. He is now fed once a day in the morning instead of the afternoon and is again improving in strength.

DR. POLLAK.—What do you feed him on?

DR. MUDD.—Soup, milk and egg-nogg. In this case, which I hope to be able to report in full before long, I used Chian turpentine with very marked benefit to the patient, in that it relieved entirely for two or three months the pain which had become very harassing. During the use of the turpentine the expectoration of mucus from the throat was very much more free than it had been and the deglutition improved while he was using it. But the patient is getting worse and the tumor is developing and filling more completely the opening of the larynx, and the encroachment upon the œsophagus continually proceeds. I have used Chian turpentine in a number of cases of cancer—just how many I cannot say, probably fifteen or twenty, and I have found it to disagree with two. Most of them take it readily and willingly. I try to give twenty or twenty-five grains a day. In the case of the gentleman whom I refer to, he has not at any time taken so much. During the

early part of the time he took two doses a day, but later he has only taken one. I have used turpentine in a case of indurated cicatrix following the removal of cancer of the breast. The cicatrix, which was about the thickness of the little finger and quite marked has subsided entirely, and there is now a soft healthy cicatrix. She has had at no time any pain, simply an induration that made us fear the cancer was returning, that has disappeared. I think it is so generally in the use of turpentine, that the patients are relieved from pain within the first twenty-four hours after beginning the use of the turpentine. When this turpentine was first noticed by Mr. Clay, I, through one of our druggists here, obtained some of the article and I didn't find any benefit from that, but during the last few months I have been using some prepared by Schiefflin & Co., and that has generally fulfilled some of the promises made for it by Mr. Clay, I don't think it will kill the cancers however.

DR. LUTZ.—It does not influence the growth of the neoplasm does it?

DR. MUDD.—In one case I have stated—a female from whom a cancer was removed in which the growth reappeared—not only on the cicatrix, but above and below it, the turpentine had diminished that and she has improved very much. It is a matter of importance to know that turpentine should be given in connection with sulphur. It is then more beneficial than when given by itself.

SATURDAY, June 18th, 1881.

**Listerine.**

DR. PORTER.—I had placed in my hands for trial early in the spring a disinfectant and antiseptic solution called "Listerine." It is a combination of several powerful antiseptics; the manufacturers give the formula, and it seems to be a good article. I was urged somewhat against my will, to try it and I have had good results from it. It is very pleasant, almost entirely harmless so far as any caustic effect is concerned, and it is a good disinfectant and antiseptic. I now use it in place of carbolic acid on account of the much more agreeable odor, and because I think it is even more efficacious. I have had good results from

its direct use in catarrh, and as a spray in bronchitis and laryngitis. While I know it is not the habit of members of this Association to praise any particular drug or combination of drugs, and we do well in that, still when we have a good thing we ought to let each other know it. While the name given to this medicine is not the one I should have placed on it, "I have not been able to refuse" to use it on that account. I don't like to see proper names given to combinations, such as "Fowler's" solution, "Hoffman's" anodyne, etc.

DR. A. GREEN.—I would ask the doctor if he has tested its antiseptic properties on septic matter?

DR. PORTER.—I have started some such tests, but have not completed them for want of time.

DR. JOHNSTON.—Mr. President: This article, I suppose is intended to compliment Mr. Lister by its name Listerine. Indeed Mr. Lister has led us all captive, with a few exceptions, with his ideal doctrine of disinfection. Now what do we disinfect? That must occur to every gentleman's mind who thinks. I have, in this city, been invited to one or two operations where the room was disinfected. The air was so laden with carbolic acid that you could hardly breathe. What was that room saturated with carbolic acid for? What organism was there that would seize hold of the tissues after they were separated? It is bacteria? Beal in his "Small Ailments," says the white scum on your tongue is the site of living organisms, as we know it is in apthæ in children. Now we know that carbolic acid is fatal to them and we know what we disinfect. But why should any surgeon or physician go blindly into a room and saturate it with carbolic or any other disinfectant, unless he knows by this process we arrest decay and thereby arrest a form of life growing out of this decay which would be death to the living human organism? But it is strange, gentlemen, that we will go into a sick room and blindly use these remedies. Let us stop this until we ascertain whether these organisms are present or not, and what they are, and then let us disinfect.

DR. MAUGHS.—I don't exactly agree with Dr. Johnston. I don't see that it would be practicable for the surgeon to wait until he knew what was the cause of decomposition, until he had learned what was the reason an antiseptic prevented it, before he



used it. Dr. Johnston would hardly wait until he found out what caused chills and fever before he gave a dose of quinine. He knows that quinine counteracts the poison which produces chills, and hence he administers it. We all know that carbolic acid or salicylic acid arrests decomposition, that we positively do know, but how it does it is a secondary matter. It is supposed by many that decomposition is the result of bacteria, and that they may arise from some septic cause in the blood and rapidly multiply, producing carriers of the septic matter. Why it is so we do not know. We know that carbolic acid does prevent the decomposition of animal tissues, and, therefore, that it is likely to prevent the formation or increase of septic matter. Operations are therefore less liable to be followed by septicæmia when it is used, from the fact that it does prevent the decomposition of the fluids of the animal tissue. We think decomposition is the result, or cause of the production of a lower form of animal life. It is immaterial whether the bacteria are the result of decomposition or the decomposition is the result of the presence of bacteria; the question is, does the disinfectant prevent septicæmia? That is all that is necessary to know. There are a few persons, doubtless, who would exclude it from the operating room, just as there are a few persons who would exclude or forbid vaccination, because we have had evidence of that in this Society. There are persons who think vaccination should be done away with. Well, I am not surprised at this. The practitioners of medicine do not agree on a great many points. The leading surgeons of the world unite in extolling the virtues of disinfectants when used in the operating room. Spencer Wells and J. Knowsley Thornton, two of the leading ovariologists of the world make use of it in their operations. Dr. Gregory almost failed of a successful case of ovariectomy without it, but since Dr. Carson has very carefully introduced the practice of Lister in the operating room, he has scarcely had a death; a very marked improvement under its use.

Now, as I stated, it makes no difference whether decomposition is caused by bacteria or not, that is a matter of no importance. It does interest us to know that these disinfectants prevent the formation of septic matter, and Dr. Johnston can demonstrate that if he takes an ulcer and applies carbolic acid. I have used it a great many times in surgical operations and traumatic disease, and on taking off the dressing, days after, have found



no matter formed at all ; indeed, it was one of the objections urged in this Society that it prevented the depuration that otherwise takes place by the formation of pus. I recollect that objection was made to its use under these circumstances during a discussion in this Society, on some cases of injuries which resulted in tetanus, and on which carbolic acid had been used, and no pus had formed. I don't know what causes the decomposition, whether bacteria is the cause of septicæmia, or septicæmia the cause of bacteria, but I know that these disinfectants prevent the septicæmia and I shall use them whether I know the cause of it or not.

DR. A. GREEN.—Mr. President: The introduction of antiseptics is the greatest thing done in medicine or surgery for humanity. I could mention a great many remedies which we use without knowing how they act upon the human system, now we understand that, and for any one to stand up and speak against antiseptics is to make himself ridiculous in the scientific world.

DR. JOHNSTON.—I did not get up to speak against antiseptics. I am opposed only on the principle, that we should give an intelligent answer why we use antiseptics and for what purpose.

DR. A. GREEN.—I think the action of antiseptics is not always to cause a coagulation of the albumen. Let us take some antiseptics, for instance—a solution of benzoate of soda—a drachm to four ounces of water. Now use this on a piece of meat which is stinking, and you will find that the offensive smell will soon leave, and yet I don't think benzoate of soda will coagulate the albuminoid matters. Salicylic acid will, but this solution of benzoate of soda will not cause coagulation of the albuminoids, and yet it is an antiseptic. If you take a solution of quinine you will not produce a coagulation of the albuminoids. Quinine is a very strong antiseptic. I think it is a stronger antiseptic than carbolic acid. I agree with Dr. Maughs that good common sense is the first thing ; that we have to find out facts, and after we have found out facts, then we may try to give an explanation of those facts. If a fluid that emanates an offensive smell is introduced into an animal, you will poison that animal ; but before you introduce this septic matter into another animal, apply an antiseptic to it and then inject it hypodermically, and you will see that you will not poison that animal.

This thing is very easily demonstrated. Now you say what do we produce by this? What is the matter? Well learned men have told us what it is, but you say it is only theory. I have made experiments myself. When I pass by some place where it is very dirty, I think there must be a great deal of this bacteria there, and if so, and if bacteria is the cause of all this trouble why don't these people die? I ask myself this question. I have sometimes treated patients in such places and I say to myself, if this place is so full of bacteria, how do these people escape from the consequences of them? Billroth says there are some bacteria that carbolic acid will not kill, so that according to some, we have two kinds of bacteria. In conclusion I would say, that as sensible men we know, of course, that we must use antiseptics and not abuse them. I don't know whether some of our members who are present know that some antiseptics will not deprive a substance of its offensive smell, some of them will not take away the offensive smell from sulphuretted hydrogen gas. Carbolic acid will, I think, but some of them will not and yet they are antiseptics.

**Tumor of the Neck.—Epulis.**

DR. PREWITT.—I would like to present a specimen. About a week ago a mother brought her boy, who was five years of age, and who had an immense tumor upon the side of the neck, to me for advice. He had been under the care of a number of physicians who had treated him with all sorts of things, with a view of promoting the absorption of it, and had failed. The mass extended from the zygoma, I might say to the clavicle, very nearly to the middle of the neck, and projecting out a huge mass upon the side of the neck. The trachea was pushed more or less to the left side, the jugular vein and its branches were large and very marked over the tumor; of course, there was very great deformity, and the mother was exceedingly anxious to have something done. I was satisfied that medication would do no good and told her so, that the only thing that would do any good was the removal, and that was a desperate undertaking and would probably result in the death of the child, but she was anxious to have the attempt made. The child would die anyhow, and she told me the boy was anxious, and said he would rather be dead. The children laughed at him on the street, and he would come in crying and say he would rather be dead than to be in that condition, and after a good

deal of reluctance, I finally consented to attempt to remove the large mass of tumors. He bore the operation pretty well, and this evening when I saw him was quite comfortable. I operated to-day. In making the operation I made an incision along the posterior part of the tumor, and a transverse incision across the neck. I cut down upon the posterior part of the tumor, tearing the connective tissue with the handle of the scalpel and tying the blood-vessels, all the arteries and veins as I went along, so as to permit of as little loss of blood as possible. During its removal I had to cut through the sterno-cleido-mastoid muscle, laying bare the sheath of the vessels, digastric muscles, etc., and cutting the superficial cervical nerves. I have here the mass which you can see. The tumor was on the right side. It pushed the larynx to the left. He stood the operation very well, not losing more than four or five ounces of blood. The tumor had been growing for two or three years. He was feverish. The thermometer showed a rise of temperature, and the probabilities were that the boy would have got worse and worse and his health would likely have declined, so I thought it justifiable to make the attempt at removal. It was lying upon the sheath of the artery and investing it. This other tumor is an epulis which I removed about three weeks ago, from a girl. That growth was from an alveolus in front, and developed on both portions of the jaw until it made a huge mass on the chin, projecting out on the lower lip and pushing it out and making a very great deformity, and seemingly involving the entire thickness of the jaw. I supposed at first I would have to make a partial resection of the lower jaw back near to the ramus; but knowing that the base of the jaw is not involved in true epulis, and that it is known not to be a malignant growth, I determined to save a portion if possible with a view of holding the tongue. I made no external incision, but simply pulled the lip down over the jaw, but I determined to save enough of the bone to hold the tongue, so with a metacarpal saw I cut through the jaw in this way, leaving a very thin plate of bone. It becomes a little thicker as you pass back. So cutting through the bone I pulled out the tumor. The girl is doing well. I operated three weeks ago.

DR. STEVENS.—Did you use chloroform?

DR. PREWITT.—Yes sir.

DR. JOHNSTON.—How long has it been growing?

DR. PREWITT.—Six or eight years. The patient is about 12 years of age.

DR. STEVENS.—We would like to hear Dr. Lutz give a statement of his case that died a short time ago.

**Death from Chloroform.**

DR. LUTZ.—I feel much like a sinner giving his experience in prayer meeting, but I don't consider myself a sinner exactly in this case. I had a sad experience lately; you will remember that on last Saturday night, in connection with a case reported by Dr. Rumbold, I spoke of a case under my care in which there were a number of tumors involving the neck. I had had the patient under my observation for three weeks, she having been sent to me by Dr. Boislinière, under whose care, and that of Dr. Gregory the case had been before, and they had told the woman they would operate on the tumors, make an attempt to remove them, if she would go to the Sister's hospital, but she declined, and then Dr. Boislinière gave me an introduction, describing the case to me, and I treated the woman three weeks preparatory to removing those tumors. Last Monday morning her sister came to my office and said that the patient was very anxious to have this tumor removed, and begged me to set the day for the operation, as she felt quite strong, felt as though she could undergo the operation, so I set Wednesday morning, at six or half past six in the morning for the time. On Tuesday afternoon she felt quite well, was up and around the house. I then examined her throat and found no dyspnœa, no difficulty in respiration and no valvular disease of the heart. On Wednesday morning, according to our agreement, I went to the the house and found her cheerful. I again examined her heart but found no trouble to contraindicate the use of chloroform. The gentleman who administered the anæsthetic has done so a number of times for me—I may almost say a score of times—he poured a drachm of chloroform on a handkerchief folded in the shape of a cone, as had been my habit of doing. I explained to them the probable effect of the anæsthetic, that she would feel like choking, and, as I usually do, I told her to count very slowly one, two, three; when she got up to ten she raised up on the table turned around and fell back dead. The face became very purple, especially the ears and face around the mouth. We, of course, at once instituted artificial respiration, put the finger

down the throat and took the epiglottis off the funis of the windpipe, but everything failed. I continued artificial respiration an hour and a half, and I have never been so tired in my life. It was of no avail, she was dead. Now there was no valvular disease of the heart that I could detect, after a careful examination. It was suggested to me during the week that possibly one of the tumors pressed upon the pneumogastric nerve, and she died of paralysis of that nerve. One day last week, I think it was, Dr. Wessler administered chloroform for me in a case in which I amputated a leg and the man came near dying. He stopped breathing and it was only after raising the epiglottis that he began to breathe, and I have, on a number of occasions, had patients cease breathing under the administration of chloroform; but they always revived, and this is the first unfortunate case that I have had. I don't think I have administered any other anæsthetic but chloroform except it is bromide of ethyl which I tried in half a dozen cases. I think chloroform is the best and safest anæsthetic that we have, but it seems to be the experience of all who administer it a great deal, that they will, some time or other, meet with a fatal case. Whether or not there are persons or families who possess idiosyncracies which render them peculiarly susceptible to its influence, I am not prepared to say, but certainly I have given it time and again without any bad effect, and I have had, maybe, three or four cases in which I thought my patients were faring badly under it; but this one case was an unfortunate one. Fortunately for myself and the gentleman who administered the chloroform the people were very much reconciled. They felt as though it was not our fault, and of course, were not inclined to give us any trouble. After I was satisfied that the girl was dead I went to the coronor, and he at once held an inquest and pronounced the death accidental. Still it was very fortunate that the people took the view they did of the case, otherwise I might have had a case on my hands for malpractice or something of that kind. I think I shall continue to administer chloroform. I shall, perhaps, be even more careful than I have been in the past; but I don't feel that this one case should deter me from continuing the use of the same anæsthetic.

DR. POST.—I would like to ask the doctor about this theory of pressure on the pneumogastric nerve?

DR. LUTZ.—That was only a theory. I felt as though I was doing very well to get out of the case as it was, and I didn't feel like urging a post-mortem examination, although I regret not making one, and it seems to me the theory is pretty well founded.

DR. POST.—You say that she raised up and fell back. Did she maintain the vertical position any length of time?

DR. LUTZ.—No sir; she raised up and then fell back and died; of course, that had nothing to do with the death. The chloroform was not administered when she raised up.

DR. POST.—One means of restoring a patient is by lowering the head, and if she maintained the vertical position it might figure in the case.

DR. LUTZ.—No sir, she didn't. She just raised up long enough to fall back, and of course I at once lowered her head and had the epiglottis pulled away from the trachea, at the same time keeping up artificial respiration. I thought sometimes I heard the heart beat, and Dr. Holland, who was present, thought he heard the heart beating, but afterwards came to the conclusion that it was his carotid that he heard, or maybe, his own heart, for of course we were not very calm.

DR. HURT.—Had she passed the spasmodic stage before she raised up?

DR. LUTZ.—I don't think she ever got into what we call the first impression of the chloroform.

DR. PORTER.—Doubtless we are all inclined to look upon this case as one of accidental death and not due more to the chloroform than to other causes. I have a word to say about the method of giving chloroform. About three years ago when it was my duty at the London Hospital to give chloroform—because ether was not in use there until some time afterwards, when Dr. Jeffreys personally introduced it to the English profession—it was our aim to give chloroform carefully and economically and many little tricks and contrivances were made use of to attain this end but none of them very satisfactory. Among my early patients was a lady to whom, I am quite within the mark when I say, I have given it a hundred times or more on account of severe neuralgia and dyspnoea. It was a matter of importance

to give the chloroform in this case neatly and economically. I used an ordinary goblet with a handkerchief in the bottom of it pressed down firmly so that it adhered to the goblet and a few drops of chloroform on it, the goblet being inverted over the patients nose and mouth—not quite close. The vapor of the chloroform being heavier than the air falls in to the mouth and nose, and yet, there is a good current of air under the edge of the glass so that you do not cut off the air as you do with the cone. This is a very economical way of using chloroform; that however is a minor matter. The patient is rapidly affected by it and its administration in this way is seldom followed by the sense of nausea. I was pleased to hear from a very intelligent physician and surgeon with whom I was in consultation a few days ago near Cairo, that he had been in the habit of using this method and he thought it was a good one.

DR. SCOTT.—I give chloroform in the same way except that I use a sponge instead of a handkerchief. I administered chloroform in this way in a case of obstetrics not long since, but it was not followed by the absence of nausea; in fact, it was very severe, my patient suffered with nausea for some hours. It doesn't prevent that effect. I certainly endorse that way of giving chloroform by putting it in a goblet and a sponge. I never heard of that way before, but I thought it was a good idea and I adopted it. This lady of whom I spoke takes chloroform very readily. A year ago, the 16th day of last July, I assisted in making an operation for ovariectomy upon the same patient, giving her chloroform and she was sick for twelve hours afterwards, vomiting etc. In fact vomiting followed its administration this time also.

DR. HURT.—For some years I have felt satisfied in my own mind that the secret of success in the administration of chloroform depended upon its administration in conjunction with a sufficient amount of atmospheric air to maintain aeration of the blood, and whenever we so administer it as to diminish the oxygen that is entering the lungs at the same time, below a certain percentage we endanger life and so long as we can succeed in administering it in conjunction with a percentage of atmospheric air, sufficient to sustain aeration we will not endanger life any more with chloroform than we will with any other anæsthetic. That is a matter of opinion, however.



DR. PREWITT.—That theory will hardly do. You can't get around the dangers of chloroform in that way I don't think. It is not simply asphyxia. The woman was not smothered to death. You couldn't have smothered her in a minute. The death was due to something else. There is cardiac paralysis, perhaps something of that sort occurs. It is not simply that she didn't get enough oxygen.

DR. MAUGHS—I agree with Dr. Prewitt. I would say however, that in this case the profession would endorse Dr. Lutz in the administration of the chloroform in every particular. He observed all the precautions that could be observed. The patient may have died from a lack of a sufficient quantity of atmospheric air. Patients have been smothered in that way or death may have occurred from paralysis of the heart. Dr Lutz suggests that it was probably from the pressure of the tumor on the pneumogastric nerve. It is impossible to entirely exclude the possibility of danger in the use of chloroform, but the same thing can be said of every other remedy. It is utterly impossible with a remedy that is so powerful in its effect upon an individual, controlling as it does the animal life; so that it is not surprising that occasionally its use is followed by unfortunate results. I have been in the habit of administering chloroform with ether in equal parts, and I think it diminishes the dangers. I adopted this practice immediately after the general introduction of chloroform. There are unfortunately some cases where death occurs after the administration of anæsthetics that are entirely outside of the manner of its administration. In this case of Dr. Lutz, the fact that the patient died as she did showed that there was, perhaps, some fatty degeneration of the heart. Valvular disease of the heart does not influence a deleterious effect in the administration of chloroform; but fatty degeneration would do so as it acts to diminish the cardiac support. In this case the heart may have been paralyzed but whether there was fatty degeneration or not we can't tell.

DR. SCOTT.—Dr. Lutz suggested that some persons might have a peculiar idiosyncrasy which renders them more liable to the fatal action of chloroform than others. We often meet with patients who have these peculiarities. Last week I was called to see a girl who was suffering from an attack of chills and fever. Quinine was administered but it produced a very severe pain in



the stomach; a severe cramping pain. It seemed almost a neuralgia. The girl suffered intense pain on the administration of quinine alone.

Cinchonidia was administered and produced the same result. I never met a patient before in my life who possessed this peculiarity. It may be that there is among some people a peculiar idiosyncrasy which renders them peculiarly susceptible to the effect of chloroform. I have never seen a patient die on the operating table from the use of chloroform but Dr. Prewitt will remember a little girl to whom I administered chloroform for Dr. Pope to perform an operation. I had administered chloroform a great many times for Dr. Pope at the Sisters' Hospital, and I was very careful in giving it to this little girl, but she came very near dying. Dr. Pope thought she was dead and so did I, and but for the coolness of Dr. Pollak she would have died. Dr. Pope became perfectly unnerved, sat down on the side of the table and said "she is dead; there is no hope." Dr. Pollak did as Dr. Lutz did, used artificial respiration, and we had the pleasure of seeing the patient get well but we had no operation that day. I think such idiosyncrasy exists and we cannot find it out without testing. In this case of Dr. Lutz it may be, as he suggested, that the pressure on the pneumogastric nerve caused the death of the patient.

## ARTICLE XXXVI.

THIRTY-FIRST ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY HELD IN METHODIST HALL, CHICAGO, ILL., MAY 17, 18 AND 19, 1881. [Reported for the JOURNAL by A. H. OHMANN-DUMESNIL, M. D., of St. Louis.]

[ Continued.]

SECOND DAY, MAY 18, 1881. MORNING SESSION

REPORT OF THE COMMITTEE ON OPHTHALMOLOGY AND OTOTOLOGY.  
BY DR. F. C. HOTZ of Chicago, Chairman.

Every doctor who is interested in these subjects, desires to be informed :

1. Upon the new books of merit that have appeared.
2. Upon new discoveries.
3. Upon new suggestion in modes of treatment and of operating.

1. The book market, during the last year has not been overstocked. The books deserving of special notice however, are De Weckers' "Therapeutics," (English edition), a new edition of Soelberg Wells, Adolf Alt on the Human Eye, A. H. Buck on Ear Diseases and Turnbull on Imperfect Hearing and the Hygiene of the Ear.

2. Quinine Amaurosis, blindness from overdoses of quinine, is among the new discoveries. Every body has long known that quinine produces deafness. Michel of St. Louis, Tuner of New York and the author have detailed cases of quinine amaurosis.

Malarial Keratitis has been observed by Kidd of Newark. The reporter has had several cases which confirmed Dr. Kidd's statements.

Homatropine is a new mydriatic, accounts of which have been published by H. S. Schell, F. C. Hotz, W. F. Little and others. It acts as quickly as atropia and its effects disappear in from 12 to 24 hours, completely. This is a very great advantage, where we wish to dilate the pupil temporarily.

The early diagnosis of phlebitis of the lateral sinus is a valuable discovery by Dr. J. D. Green of New York. He has shown that it is caused by thrombosis of the veins.

Malarial otitis has been fully recognized; otitis intermittens first noticed by a German physician was brought to the notice of the American profession by Dr. Hotz. In a case, twenty grains of quinine were given a day and all aural troubles relieved.

The audiphone has received considerable attention during the last year. D. Turnbull pronounces it unsatisfactory. He says that, in ten cases of deafness, only one was improved; two were not; and six were only improved by the use of the ear trumpet. S. Sexton believes that its range of usefulness is limited. Holmes says that the number of deaf practically benefited is small. H. Knapp by a number of comparative tests concludes that the audiphone increases hearing in a moderate degree, but its value is greatly exceeded by the ear trumpet.

3. The magnet in ophthalmic surgery has done good. In 1874 W. C. Evens of Belfast, Ireland removed iron from the vitreous by means of a magnet. In 1879 Hirschberg, of Berlin did the same and in 1880 Knapp, Oppenheimer and others employed it.

The author presented the latest instrument devised for this purpose. Its point can be easily introduced through the sclerotic into the vitreous, and it is very easily handled.

Optico-ciliary neurotomy and neurectomy seemed humane and plausible, inasmuch as it is well conceded, that the ciliary nerves are the route for sympathetic influences. This is well enough in theory. Dr. Barrett, however, noticed a return of the sensitiveness of the cornea six months after the operation, showing that probably union had taken place. Dr. Chisolm had, eventually, to resort to enucleation in two cases, a few weeks and months after operating. Others have noticed the same thing, that the sensitiveness of the globe, and especially of the cornea returns after the operation has been performed. Hence they oppose the operation as it gives a delusive security.

I saw several specimens of the operation. In one the eye had to be enucleated two days after, and in others the eyeballs were so atrophied, deformed and diseased that they were of no

use, and the only reason for this state of things was, that the operators desired to practice the new operation.

It is only warranted under the following conditions:

1. When the eyeball is of normal shape and appearance.
2. When the patient resides within easy reach of the oculist, so as to observe it closely. Otherwise it is criminal carelessness.

**TINEA TONSURANS:** Report of Special Committee on Dermatology and Syphilis. By Dr. W. J. MAYNARD of Chicago.

The field of dermatology offers many interesting things to the physician. There are few more erroneously diagnosticated affections than ringworm of the scalp. Ringworm of the body is so common, so harmless and so easily cured that the majority of cases are not seen by the doctor, while the same disease of the scalp presents such variations that it becomes a matter of difficulty to form a correct diagnosis, at times.

In a report to the American Dermatological Association of 11,047 skin disease 356 were of vegetable parasitic origin, 31 of these being tinea. In the skin department of the Central Dispensary, the same proportion holds, in 2,300 cases there being 67 of tinea trichophytina and of this 21 of the scalp alone.

A typical case commences with a small, itching, scurfy spot. It usually presents a well-formed circular patch, yellowish, grayish or ash-grey in color and itching. The hair is short and thick and as if broken off, and stud the patches. If one be pulled out, it is an eighth of an inch long, thickened, brittle and dull and not lustrous like normal hair. There are invariably found one or more small itchy spots, with no involvement of the hair. It might be taken for commencing desquamating exzema. This is unfortunate for the patient, for it is only then that anything can be done for the patient.

There are other phases of the disease which many result from the patient's negligence, an erroneous diagnosis or insufficient treatment and, of course, occur in later, stages of the disease.

The true type of the disease is sometimes lost sight of, and there appear irregular patches, involving a large part of the scalp, which are dry, branny scales or scabs, resembling seborrhoea. Another form is where there are pustules scattered over

the scalp, sometimes solitary or, again, in groups. It is an evidence of suppuration in the hair follicles and it is a common thing to see small bald spots follow this form. The patches become inflamed, œdematous and raised and covered with suppurative points or apertures with a gummy exudation—*tinea kerion*. It is rather a simple dermatitis with inflammation of the hair follicles, than a particular disease. This form follows injuries, blows or irritating remedies.

Just what condition of system is necessary for this is not thoroughly understood; certainly there is a lack of freedom from a strumous diathesis.

Observation shows, also, that there are grades of this variety of *tinea*. When attended by a gummy discharge, the fungus may luxuriate. When there is a free production of pus, the fungus is killed, the hair separating. This fact is made use of by inducing an artificial inflammation.

Eczema and psoriasis both attack the scalp, and are more often confounded with ringworm. In typical cases there is no difficulty. In eczema, there are no well-developed patches and the hair is natural and firmly set in. It is impossible, however, for eczema and ringworm to co-exist. Any falling out of the hair must be looked upon with suspicion.

There is a stronger resemblance to psoriasis, but in this the patches are circular and well-defined and it is a general disease. The hairs are more natural in appearance, and scales more abundant.

Ringworm of the scalp is essentially a disease of children. When it has existed a number of months and become chronic, it closely resembles the disease mentioned. The circumscribed baldness is sometimes mistaken for alopecia areata. In the latter, however, the hair falls out suddenly and is only temporary, a new crop soon re-appearing.

In the later stages of trichophytosis the main reliance for the purpose of diagnosis is in the condition of the hairs themselves. By lifting them and combing in the wrong direction we can see that the hairs are broken off and have lost their natural lustre. When we try to pull them out they break near the scalp. Should progressive suppuration go on, they become thickened, twisted, have their roots swollen and are lighter in color. If there be any doubt still, use the microscope. Soak the hair in liquor potassæ, and the fungus growth is recognized the spores

being seen on and in the hair. They are round cellular bodies in rolls or groups, a few being isolated. In some cases they are so abundant as to rupture the hair. The diagnosis being made, we next go to the

**Treatment.**—When ringworm occurs in a family, prevent its spread as much as possible. Discover the origin, if possible, and remove it. It is more often contracted from the lower animals. The worst case I saw was from a pet squirrel. It is very quickly transmitted from canine animals to man, in seven to fourteen days. It is also acquired through contact and the atmosphere. That the fungus is the cause in the lower animals, is seen from the same characteristics of the disease. If we wish to limit the spread of the disease we must isolate the children as much as possible. Each one so affected must have his own cap, hat, comb, brush, etc., and not be allowed to go to school.

In the treatment of an individual case, cut the hair close, in a boy; in a young girl, whose parents object to this, it becomes a matter of importance to save the hair. If there be only one small patch, it is only necessary to shave or cut close to that part. If there are small disseminated patches, cut the hair off of all the head. The next endeavor is to remove the scabs, soak the parts with a one-fourth solution of sulphurous acid in water.

The remedies to be used belong to two classes :

1. Inflammatory, such as cantharides, iodine ointment, crysophanic acid, etc.

2. Parasiticides, milder in action, such as sulphur, sulphurous acid, mercurials, etc.

The first method is used when there are but a few isolated patches or but one.

I have personally used the mercurials. In dispensary practice the ammonia chloride is employed, and the oleate in private practice, it penetrates more deeply and more of it is absorbed.

The disease will not disappear in severe cases until depilation has been thoroughly done. Being a very laborious work, and only the diseased hairs having to be removed, it is best to get an intelligent member of the family to do this. Forceps made for this purpose should be used. Some are too delicately made; the requisites are broad tips and a strong handle. Where

the hair is broken, the only alternative is to wait until it grows again.

**Internal Treatment.**—In cases where there exists bad assimilation, the iodides, iron, arsenic, good diet and change of air, one or all are to be given. Even after the disease is apparently cured an examination should be made as relapses are common. Soft downy hair should come out, unless the follicles are destroyed, in which case permanent baldness will result.

**THE INFLUENCE OF SUB-MUCOUS FIBROIDS ON GESTATION AND PARTURITION.** By DR. C. T. REBER of Shelbyville.

I have merely the record of two cases to present and they may prove interesting.

**CASE I.** Mrs. G., æt. 34 multipara, had her menstruation cease nine months previous. At the usual time of four and one-half months, quickening occurred. Two weeks later no further signs of life in the foetus were noted.

Some weeks previous to labor a quack said it was a case of dropsy, and offered to effect a cure for \$25.00. About three hours after the labor pains set in a dead, softened, discolored foetus of five months gestation was expelled. There was dangerous flooding following the removal of the placenta, and hardly any uterine contraction. Cold, ergot and the hand in the uterus, to turn out the clots, were resorted to, and two sub-mucous fibroids discovered, one in the upper and one in the middle segments of the organ. They were of considerable size and had broad bases. Finally hemorrhage was arrested. In this case, the death of the foetus and the hemorrhage were no doubt caused by the fibroids, which were lobular in shape, and five and three inches in diameter respectively.

**CASE II.** Mrs. C. T., aged 30, primipara had several sub-mucous fibroids before marriage, which grew rapidly afterwards. From sixteen inches it diminished to eleven under the use of ergot, iodide of potassium and bromide of potassium. She conceived and the tumor increased with pregnancy. At seven months, premature labor set in and a living foetus was born. The life of the woman was endangered by hemorrhage following the removal of the placenta. She made a slow recovery.

The head of the child was indented by the tumor. On the left it was twice as large as on the right. In this case the pre-

mature labor and the hemorrhage were caused by the fibroid.

In Nov. 1880, three years after the previous confinement, she had a sensation like labor pain, a very slight feel of contraction of the womb could be found, the os was two or three inches, soft and dilatable, and the contractions were too feeble to make the membranes tense. They were broken and two living children were removed by the feet. Each child weighed about seven pounds, and during their extraction there were no pains of the uterus. A half drachm of ergot every half hour was given. The tumor had become quite large and involved a large part of the organ. The placenta was not removed for an hour, and when removed a fearful hemorrhage set in, followed rapidly by collapse and unconsciousness. Whiskey, ergot hypodermically, the hips elevated etc., were all resorted to; but there was no pulse at the wrist for an hour. On the third day puerperal mania set in and septicæmia of the labia, which was very offensive.

Finally a very tedious recovery was made, and the patient is now in good health—the tumor remains. The children are living, but she has no milk.

All of these changes are caused by the tumors, directly and indirectly, and conception under these circumstances is a reckless procedure.

There is very little said in the books on this subject, and a gentleman asked a question, not long since, on this subject and out of seventy members present, not one could say anything on the subject.

**THE MANAGEMENT OF THE AFTER-BIRTH IN ABORTION. By DR. W. S. CALDWELL, of Sycamore.**

The author began by remarking that this occurrence was limited to the early months. He protested against the apathy in the profession and laity existing as to the amount of hemorrhage a woman can bear without imperilling her life. If a man has a small artery cut, a surgeon is called, but a poor woman in childbed, is allowed to bleed until syncope, before aid is summoned or tendered to her. In a quarter of a century I have never had a death from this cause; but when I have flooding, I experience an anguish as by the bedside of no other patient.

Septicæmia in its manifold forms is one danger. If the patient escapes this, there are the endless forms of anæmia. Who



can not recall a patient, an invalid for years, from the time of such a hemorrhage.

In the summer of 1874, Mrs. R——, aged 32, had some teeth extracted and suffered a shock. She flooded, and had missed her courses some nine to ten weeks, being pregnant. The midwife recognized the foetus and afterbirth, as she thought. The patient flooded for about a week and the family physician was called in, and the flooding still continuing, the doctor made an examination of the case and concurred with the midwife that the placenta was expelled. He said that the patient must soon die.

I was called to see the case and found her in syncope, the pulse scarcely preceptible, vomiting. I promptly gave ergotine and morphine hypodermically. Examination showed the os patulous, but I could not get beyond the internal os. I gave ether and with one hand above the pubis, introduced the index finger in the body of the womb. I found an elevated mass, which I peeled with the finger-nail, and found it was a portion of placenta. The flooding ceased at once. Opium, nux vomica, milk punch, etc., were administered, and she made a good recovery.

My mode is not new or original. If a young man takes his books he will find a vacillating course laid out. Expectancy, the tampon, ergot and the like are well enough, if no active interference is necessary. The finger is better than the placenta forceps to remove fragments. Is it always possible to deliver the placenta in this way. I have never failed except in the following:

Case. — In February, 1881. Mrs. S——, aged 30, II<sup>o</sup> para, a miscarried on a visit. She was probably two and one-half months pregnant. She got up slowly, flooded more or less and returned home in four weeks. She was then taken worse and flooded profusely. On examining her I found the womb large, the os little dilated; could not get my finger in the cavity. I tamponed the vagina thoroughly and applied alum. Gave fluid ext. ergot, enjoined the recumbent posture and hot water injections. I do not believe in the efficacy of ergot in cases of this kind. Although the hemorrhage lessened, the patient lost blood so fast that she grew worse from day to day.

Dilated the cervix with laminaria tents for six hours. Three

more tents were introduced and allowed to remain twelve hours. I then introduced the index finger to the fundus and felt an elevated mass. The os was so rigid that I could not scratch. I took a curette and removed the offending body. I determined the position by the feel of the mass.

**LARYNGEAL TUMORS.** By DR. E. F. INGALLS, of Chicago.

The author presented a drawing of a healthy larynx, calling attention to the parts as presented in the laryngeal mirror. It is less than a quarter of a century since laryngology was snatched from empiricism and had become an established branch of medicine. Since the experiments of Czermack and Türck, many tumors of the larynx have been removed.

Nearly all varieties of tumors are found in the larynx. Of these, 97 to 98 per cent. are benign, the papillary predominating. The following is a comparative table :

● Papilloma	75 per cent.	
Fibroma,	20 " "	
Cystic,		} 5 per cent.
Sarcoma,		
Lipoma,		
Mucoid,		
Vascular or adenoid cancer,		

Morbid growths in the larynx occur chiefly in males from 20 to 40 years old. In my cases the youngest was 6 and the oldest 70 years of age. Excepting the malignant growths, they are all the results of chronic catarrh; syphilis, phthisis, measles, croup, diphtheria, whooping cough, etc., are exciting causes.

The patient usually has a history of a severe cold from which he never fully recovered; a hoarseness, sometimes better, at others worse and finally persistent. A fibroma may become complete and dyspnoea become great. Often they complain of a tickling in the throat, and if the tumor be pedunculated, it is like a foreign body in the larynx. These growths seldom cause much pain, but occasion much discomfort. When of some size, or even small, swallowing is hard and speaking tiresome. The respiration is often stridulous. There is a cough present, but varied in character. It may be harsh and dry or easy and loose. In some there is scarcely any cough; in others it is very distressing. When the neoplasms are small, expectoration is slight; when large, it is sometimes excessive. This collection of secre-

tion is often the immediate cause of death. The peculiar location of the tumor also exerts some influence.

The prognosis depends upon the size, location and treatment. If small and above the vocal cords, there is no particular inconvenience. If on the cords, it causes more or less aphonia. It may cause this if not larger than a pea, and above the vocal cords. The tendency is to increase the size, though some may remain stationary for years. The hoarseness does not disappear until the tumor is removed.

Large growths may jeopardise life, interfere with the respiration by sudden choking or imperfect aeration of the blood. Sometimes the pernicious effects are due to deglutition.

Malignant tumors are fatal whether properly treated or not. It is claimed that two cases recovered. Treatment may prolong life for a few days or months, but the time will come when tracheotomy or extirpation of the larynx will only add a brief span to life.

The treatment of benign tumors consists in lessening the hyperæmia and removing the growths. A few laryngologists do not advocate removal, but a treatment for chronic laryngitis. I have seen tumors diminish in consequence of the persistent use of such remedies. If persisted in and increased the treatment stimulates to growth.

I am in accord with those who think that they should be removed by operation, through the natural passages, if possible; if not, then by tracheotomy. Extra laryngeal methods should not be adopted unless life be endangered.

Most papillary growths are not larger than peas, sometimes, of the size of a walnut. They are multiple, occurring on the vocal cords, the ventricular bands, epiglottis, inter-arytenoid fold, the last being especially caused by phthisis. They are pedunculated and sessile; pink, laminated, soft and friable. They may be detached by an up and down movement of the sponge. They do not recur except in phthisical patients, about three in four times. A chronic hyperæmia of the mucous membrane is the cause.

The author then related three cases in which he showed that a circumscribed swelling of the mucous membrane may show the the future location of a tumor.

Case IV. Patient aged 30, had sore throat and hoarseness.

Syphilis and phthisis absent. A tumor, the size of a large pea, on the right vocal cord, standing out into the glottis. Lungs and heart normal. The tumor was slightly pedunculated. It was removed in two sittings and the base cauterized with nitrate of silver. Hot applications to the neck ordered. Three days later, the vocal cords were congested, the soreness of the larynx having lasted a few hours only. A chloride of zinc solution was applied to the cords, and a tonic ordered. The voice was good, but not for singing; the vocal cords were still of a pink color. A twenty grain solution of chloride of zinc applied and a four grain solution to spray. In six weeks the vocal cords were of a natural color and the voice perfect.

Case VI. Aged 25; ten years ago, nearly suffocated by a tumor which was removed by Prof. Bruns of Tuebingen and thoroughly cauterized. Complained again, there being a small semi-transparent growth at the anterior end of the right cord. There was also a papillary growth on the inner side of the upper part of the arytenoid. The smaller was destroyed by nitrate of silver, the larger removed, and its base cauterized. The operation caused little pain, but the caustic caused much. Hot fomentations were applied to the neck. The papillæ at the base of the tongue were enlarged.

Case VIII. E. C. H——. aged 24, had a papilloma on the under surface of the epiglottis. Two years before had pneumonia in the upper lobe of the right lung. Had pleurisy three months before seeing me, and had sore throat and hoarseness since. Had cough at night with little mucous expectoration. Lost six or seven pounds in twelve weeks. No syphilis or phthisis; the apex of the right lung a little consolidated. Six papillary growths on the under surface of the epiglottis near the vocal cord. The ary-epiglottic folds slightly pyriform. Diagnosis of laryngeal phthisis. Pencilled with a solution containing sulph. morph., carbol. and tannic acids and glycerine. The papilloma removed and the larynx touched three or four times. Comp. tinct. benzoin given to inhale, cod-liver oil and a fifteen grain solution of chloride of zinc given at intervals. A friend said he died suddenly in Texas, probably of œdema of the glottis.

Fibrous tumors are generally small and in the cords, rounded

in outline, single and pedunculated. They may be nodular, or attached to a broad base. They vary in color from a grayish white to a light red. They have no tendency to return. Have removed them in two cases with complete recovery.

Fibro-cellular growths are somewhat similar; removed in two cases with good results.

Fibro-cysts. Had one case, but was unable to operate as it was at the posterior end of the ventricular band.

Cancer. In the early stages, the diagnosis is doubtful. Often the essential cachexia never presents itself, and the tumors vary greatly. The author cited two cases. In both they justified the worst prognosis, the patient dying a few months after the disease became developed.

The forms of treatment are: Removal through the natural passages and by cauterization; 2. Tracheotomy; 3. Thyrotomy, and 4. Extirpation of the larynx.

Tracheotomy may add several months to the life of the patient, and as much as two years.

Thyrotomy with removal of the growth is very unsatisfactory; in some it could not be completed, and in others they died very soon after.

Extirpation of the larynx is attended with great dangers. Out of twenty operations performed, eight patients died in two to fourteen days after; one in six weeks, and in eight others proved fatal in a few months. One died one and a half years later of phthisis, and in the other two there was no return of the growth.

Tracheotomy holds out the most inducements, but at best, it can only add a few months to a miserable existence. The author had cases, but time would not permit the reading of them.

#### DISCUSSION.

DR. TRUESDALE of Rock Island, felt highly entertained, but was surprised that carbolic acid was so little used in chronic inflammation of the larynx. During the past year he had experimented with it, with the view of determining its local antiphlogistic power, and concluded that we have no remedy to compare with it when properly used. There is no more appropriate place to use than in chronic inflammation of the larynx. Carbolic acid in sufficient strength, duration and repetition will cure any such case. This treatment was suggested by an article

in the *American Journal of Medical Sciences*, entitled "Thorough Drainage in the Dressing of Wounds." The writer, in speaking of carbolic acid, suggested that the benefits derived from it were due more to its antiphlogistic than its antiseptic power. From experiments that I have made since, I am convinced that we have no therapeutic agent so powerfully antiphlogistic.

In acute and chronic laryngitis, in acute and chronic bronchitis, in croupal inflammation and in acute catarrhal inflammation. I have never used a remedy that gave me as much satisfaction as a 4 or 5 per cent. solution applied with a spray. As Dr. Ingalls justly remarks, all growths about the larynx originate from a chronic inflammation. Papillary tumors can be prevented or even cured by a strong carbolic acid spray, which is also a strong sedative and quickly relieves the cough.

DR. WHITMIRE of Metamora.—I wish to say a few words in regard to carbolic acid. In our section of the country, we have had a terrible amount of diphtheria. There was a greater mortality in our section than anywhere else, and we have used every means, at our command, to lessen its virulence. Yet, as a matter of experience, I wish to relate this fact, viz., that in every case, where croup was manifested in diphtheria, which was very apt to occur, I have found the carbolic acid, sprayed from a steam atomizer to be the *sine quâ non* of all medical treatment. True, I do not know anything else proposed that is better, but that spray used, when you find a pseudo-membrane about to invade the larynx, has been, in my experience, the best thing every thing ever used. I have saved three patients out of five without any operation; and speaking of an operation, I do not believe in it. While it may be right, there is no doctor who can get the consent of the parents to operate, when it ought to be done, and at the last moment it ought not to be performed. It degrades the profession to do it.

Periscope.

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ARTICLE XXXVII.

**EXCISION OF THE MAMMA FOR ECZEMA.**—In cases of long standing, obstinate eczema of the breast, Mr. George Lawson, of London, recommends excision of the breast, as so many of these cases develop diffused cancer. He has performed this operation as a prophylactic measure. Other London surgeons hesitate to advocate this procedure, although, in a recent debate, Mr. Lister acknowledged that he had himself known cancerous growths to follow intractable eczema.—[ *Med. and Surg. Reporter*

**A CURIOUS CASE OF MALPRACTICE.**—Dr. Caroline S. Pease of Troy, New York writes: "In June of the present year a patient presented herself at my office for examination, who gave the following history: Two years ago she was attended in her first labor by her family physician, a homœopath of good reputation. A laceration of the perineum was sustained, which was promptly operated on by the attendant. As the result of this, as he informed her a partial union took place, but a secondary operation would be necessary so soon as her strength permitted. The usual subjective symptoms followed—back-ache, fulness low in the pelvis, etc.—and her general health became greatly impaired. After her labor no attempt at resumption of the marital relations was made, and dread, both of the surgeon's knife, and of the exposure incident to the secondary perineal operation, led to its postponement until a friend induced her to place her case in my hands two years after the injury was sustained. Ocular inspection revealed a fairly good perineum, but a digital examination disclosed the fact that the anterior inferior portion of the cervix uteri had been included in the line of perineal union, and had firmly united with it. Two years unremitting traction had drawn out a circular cord (which incision subsequently showed to be tubular) of the imprisoned uterine tissues, about three-fourths of an inch in length by one third of an inch in diameter. This I afterward ligated and cut, at the patient's

house, and was then enabled to restore the long-suffering organ to something like its pristine position, and to retain it there by an Albert Smith pessary."—[*N. Y. Med. Record*.

**THE TRANSPLANTATION OF BONE**—At a late meeting of the Royal Society of Great Britain, Dr. MacEwen presented a paper on a case in which he had successfully transplanted bone. The patient was a child four years of age, who had lost two-thirds of the shaft of the humerus by necrosis fifteen months previously, and in whom no osseous repair had occurred. The limb was, of course, useless. Dr. MacEwen proceeded first to make a groove in the soft tissues in the position of the bone, relying for this on his anatomical knowledge, and then placed in this groove small fragments of wedges of bone removed from other patients for curved tibiae. The result has been that a good new bone has been formed, the new portion has united firmly to the upper epiphysis and lower part of the original shaft, and the bone is only half an inch shorter than its fellow. Proper care was taken throughout to have the parts perfectly aseptic. Great interest attaches to this case, which is the first of the kind recorded.—[*Med. and Surg. Reporter*.

**PERIODS OF INCUBATION OF THE COMMUNICABLE DISEASES.**—Dr. B. W. Richardson gives a list of twenty-five communicable diseases which have a period of incubation. He adds a list of eleven diseases concerning which it cannot be said certainly that they have a period of incubation. These latter are: Catarrh, puerperal fever, hospital gangrene, sloughing phagedæna, remittent fever, intermittent fever, choleraic diarrhoea, cerebro-spinal fever, carbuncle.

The diseases attended with incubation are conveniently divided into five groups:

*Shortest*—Incubation one to four days: Malignant cholera, malignant pustule, plague, catarrh, dissection wound diseases.

*Short*—Incubation two to six days: Scarlet fever, rosalia idiopathica, diphtheria, dengue, erysipelas, yellow fever, pyæmia, influenza, pertussis, glanders, farcy, grease croup, puerperal fever.

*Medium*—Incubation five to eight days: Relapsing fever, gonorrhoea, vaccinia, inoculated variola.



*Long*—Incubation ten to fifteen days: Small-pox, varicella, measles, r  theln, typhus, typhoid, mumps, malarial fever.

*Longest*—Incubation forty days or more: Syphilis, hydrophobia.—[*Medical Record*.

REMOVAL OF THE KIDNEY FOR NEPHROLITHIASIS.—At the Charing-cross Hospital is a lad, aged fifteen, from whom Mr. Barwell removed a kidney on May 5th, and who is now convalescent. The boy had been under observation for about a year with pyelitis and retro-peritoneal abscess. An incision was made ten months ago with the effect of mitigating the symptoms. The wound had healed, leaving only a sinus. In April, by sounding through this passage, Mr. Barwell detected a stone. Yet although the lad was becoming very anemic, with irregular hectic temperature, no consent for operation could be obtained until the above date, when lumbar nephrectomy was performed. Two peculiarities rendered the removal unusually difficult—viz., the dense thick cicatricial tissue and the proximity of the rib to the ileum. Mr. Barwell cut through the tissue, and came upon the kidney with the stone impacted. An endeavor to extract that latter caused copious bleeding, hence the operator rapidly enucleated the gland and passed a ligature round the pedicle *en masse*. Since want of room forbade removing the kidney entire, it was divided and extracted in two parts. The operation was thus completed very quickly, and with scarcely any loss of blood. Since then the boy has been going on uninterruptedly well, his temperature becoming normal and regular, the wound being now nearly healed. This is, we believe, the second successful case of removal of the kidney for stone—[*London Lancet*.

PERCHLORIDE OF IRON IN THE DERMATOSES.—Casarini (*Lo Spallanzani*) has been experimenting with perchloride of iron in the dermatoses. He has employed it externally in the form of pomade, of one to three parts of the perchloride of iron to thirty parts of lard, and also in lotions composed of one part of the drug to two or three parts of water. He comes to the following conclusions respecting its use: First, that perchloride of iron is the most efficacious remedy in purpura h  morrhagica and purpura simplex. Second, that it is very useful against the chloro-an  mic cachexia, which often accompanies such diseases of the skin as rupia, ecthyma and impetigo. Third, externally

it exercises a promptly favorable action on ulcers arising from scrofula and syphilis. Fourth, employed under the form of pomade it is an active and efficacious means of treatment of the squamous diseases of the skin, notably psoriasis. The use of this drug seems to be extending.—[*Chicago Med. Review.*

**ANOMALOUS LIQUOR AMNII AND PARTIAL DECOMPOSITION OF THE PLACENTA.**—The following interesting case is communicated by E. H. Hale, M. D., of Jonesboro, Texas :

I was called to attend to Mrs. W., age forty, the mother of six children, in her seventh confinement. I found a head presentation, the os uteri pretty well dilated, membranes not ruptured. Mrs. W. remarked to me that she thought the child dead as she had not felt any movement for three days. The membranes soon ruptured, and there was a gush of fluid so different to the feeling of my hand from the liquor amnii, that I withdrew my hand and found adhering to it a brown substance about the consistence of syrup, also small lumps of the same substance. The odor was so offensive that it was difficult to remain near. The labor terminated soon in the birth of a well developed male child weighing eight and a half pounds. I had but little trouble in establishing respiration.

I found the placenta in the vagina. The cord was unusually small and very long, not possessing strength enough to dislodge the placenta which I moved with my hand. There was altogether not less than a half gallon of the dark amniotic fluid escaped. The point of especial interest was the almost entire decomposition of the membranes of the cord and of the placenta itself. A thorough examination showed that a small portion of the center of the placenta, two inches in diameter was solid and somewhat natural, the balance having been broken down with the fingers. The child lived and the mother made a speedy recovery.—[*American Practitioner.*

**A CASE OF TOTAL OBLITERATION OF THE OS UTERI IN A PREGNANT WOMAN**—Hecker (*Beobachtungen u. Untersuchungen aus d. Gebäranstalt zu München, 1859-79*) recites the following case, which, so far as we know, has no analogy in the literature of obstetrics. The patient was a woman of 30 years, who had been pregnant three times, having had twins in one pregnancy and twice the forceps had to be used. She entered the lying-in

asylum upon the 25th of May, 1880, pains having begun two days previously and having increased in intensity up to the time of admission. External examination showed that the uterus was in a condition of tetanic contraction. Internally the vault of the vagina, pressed down by the foetal head, could be felt, but nowhere any indication of an os uteri. Everywhere the finger encountered a membrane, here and there arranged in transverse folds, which, toward the right side, could be separated slightly from the underlying tissue, so that it seemed to enter a cul-de-sac. The contractions of the uterus becoming more violent, so that a spontaneous rupture of the organ was expected, this membrane became smooth and the sutures of the head could be felt through it. On account of the resistance and thickness of the membrane, the idea of a spontaneous termination of parturition was despaired of and all preparations were made for removing the obstacle with the knife. Before doing this, however, the attempt was made to perforate the membrane with the finger, while it was distended during a pain; this was, accomplished, a slit was made, the opening made larger and the membrane now protruded. In ten minutes a healthy male child, weighing 2,400 grammes, was born. During the operation a small quantity of blood was lost.

Up to the fourth day of puerperium everything went on in a normal way. Suddenly she complained of headache, chill, fever; temperature being  $38.6^{\circ}\text{C}$  ( $101\frac{1}{2}^{\circ}\text{F}$ .) and the pulse 120. These symptoms disappeared and she was preparing to leave the hospital, when, on the first of June, she was attacked with a chill that lasted half an hour, which left her in a comatose condition, from which she never awakened. The temperature was nearly  $104^{\circ}\text{F}$ ., her pupils contracted, without any reaction; the extremities pale and as if paralyzed, the lips livid, the face pale and covered with cold sweat; breathing was irregular, deep inspirations alternating with superficial ones, sometimes stopping altogether. On the eighth day after birth she died. The post-mortem examination revealed as follows: The thoracic organs healthy, no signs of peritonitis, the liver slightly fatty; the spleen very soft, brownish red and the capsule slightly distended; the right kidney was very pale, the surface granular and its tissue softened; the left kidney had proceeded further in the process. The uterus was fifteen cm. long and presented at the insertion of the placenta a yellowish, fetid deposit, parts of

which could be easily detached, showing a highly congested mucous membrane. The external os was continuous with the vagina, its edges were grown together with the mucous membrane of the vagina.

Two rabbits that were inoculated with the secretion taken from the insertion of the placenta promptly died of septicæmia.

Hecker states emphatically that the peculiar change in the os was not due either to agglutination or to a cicatricial closure. He proposes as explanation that early in pregnancy an inflammatory, exudative process caused the mucous membrane of the vagina to grow over the os uteri so that the parenchyma of the latter became imbedded in the former.

The cause of death was acute septicæmia, hastened undoubtedly by the granular degeneration of both kidneys.—[*Lancet and Clinic*.

**SOME OF THE CONDITIONS AFFECTING THE ORIGIN AND COURSE OF PULMONARY PHTHISIS.**—Dr. Beverley Robinson, Lecturer upon Clinical Medicine in Bellevue Hospital Medical College, in an article in the *American Journal of Medical Sciences* for July, 1881, calls attention to three prominent conditions of great present interest in connection with pulmonary phthisis:—

(1) Inflammation of the respiratory organs as they effect the origin and course of pulmonary phthisis.

(2) Syphilis in its relations to the origin and course of pulmonary phthisis.

(3) Contagion and inoculation.

The influence of laryngitis and bronchitis as predisposing and exciting causes of pulmonary phthisis is fully recognized by Dr. Robinson, whose personal experience forces him to the belief that bronchitis, and especially laryngo-bronchitis, is an efficient agent in causing broncho.pneumonia with cheesy nodules and pneumonic phthisis. On the other hand, lobar pneumonia, where the pulmonary parenchyma is involved in a previously healthy individual, rarely acts as a cause of phthisis, but where the patient is phthisical already the complication hastens the course of the disease. Pleurisy also is a modifying agent of great importance as regards the origin and course of pulmonary phthisis.

Syphilis does not cause tuberculosis, but syphilitic deposit of

the lung is sometimes indistinguishable by physical signs from tuberculosis; in such cases other symptoms suggest the anti-syphilitic regimen, and treatment becomes the touchstone of diagnosis.

Dr. Robinson expresses his belief in the communicability of phthisis by infection, contagion, or inoculation.

**MENIERE'S DISEASE.**—Dr. Edward Menière has just published a memoir on the disease described by his father in 1861. Menière's disease is constituted by three principal symptoms: 1. The noises or whistings which precede the crisis; 2. The vertigo, accompanied by nausea and vomiting; 3. Deafness, as a rule incurable. The writer of the memoir details at length the treatment of this disease (*La France Méd.*, p. 239), in which he follows the method proposed by Professor Charcot. The patients take after their meals pills composed of 10 centigrammes of sulphate of quinine and 10 centigrammes of fluid extract of cinchona. He thus commences with 30 centigrammes of sulphate of quinine, and goes progressively up to 70 and 80 centigrammes, and even 1 gramme; then he enjoins absolute abstention from it during a fortnight, three weeks, or even a month, but recommences during the first period of a month, giving 40 centigrammes at first setting off. The effect of the quinine is to diminish and cause the vertigo to disappear, and, on the other hand to modify the deafness. M. Menière does not pretend to formulate a curative treatment of a disease against which all the resources of therapeutics have hitherto been unavailing, but quinine has, at least, the advantage of calming the most troublesome symptoms.—[*London Medical Record*.

**SEA-AIR AND INFANTILE DIARRHŒA.**—The Sea Shore Home has just issued its annual report for 1880. Dr. Edward T. Williams, the physician in charge of the home for several years, thus sums up his experience:

"1. Sea air is *not* an infallible cure for infantile diarrhœa. Some cases will die under the best management.

"2. The vast majority of cases get well, if removed early and properly fed and cared for.

"3. After decided collapse and head-symptoms come on, death is the rule, recovery the fortunate exception.

"4. Bronchial and pulmonary complications are usually aggravated by the cold air.

"5. Not a few cases are made worse by exposure in stormy weather, and the cold nights of the last of August and September; at these times, both fires and extra clothing are needed, and some take cold in spite of them. Indeed it has seemed to me that the autumnal diarrhoeas are chiefly caused by cold, and are unsuited for the sea-side."—[*Med. Record*.

**THERAPEUTICAL EFFECTS OF OXYGEN.**—M. E. Hagen, in a report to the Academy of Sciences, gives some facts regarding the physiological and therapeutical effects of oxygen. It is taken in doses of twenty to fifty liters twice a day, mixed with a very small amount of air. It augments the appetite, slightly elevates the temperature, accelerates the circulation, temporarily increases the red corpuscles and the hæmoglobin of the blood, and likewise the weight of the body. It stimulates the nutritive movement of the tissues, and increases thereby the excretion of urea. In *chlorosis* it is a useful adjunct to iron. It acts much in the same way that hydrotherapy does. In *vomiting* it is especially valuable. After one or two inhalations, vomiting will generally stop permanently, if it be not due to organic diseases. Vomiting is relieved by oxygen when due to painful dyspepsia, dyspepsia with dilatation, and uræmia.—[*Boston Jour. Chem.*

**TREATMENT OF THE DIARRHŒA OF PHTHISIS.**—In the *Lancet*, June 18th, Dr. C. Theodore Williams says, speaking of the peculiar diarrhœa of phthisis that, arising from ulceration, it requires very careful attention. The great point to be kept in view is the healing of the ulcers, and this can only be attained by shielding them from all irritable substances, and by promoting a healthy granulating action. The treatment, in fact, resolves itself into three sets of measures.

1st. Rest in bed and the administration of only such food as can be quickly and easily assimilated without causing much distention of the intestine, or accumulation of flatus. Such are chicken broth, beef and veal tea, milk gruel, blanc mange, always combined with liquor pancreaticus, and prepared after

the admirable methods of Dr. William Roberts of Manchester. Dr. Jagielski recommends koumiss especially in these cases.

2d. Warm applications to the abdomen, in the form of linseed poultices, turpentine stupes, or hot water fomentations, to reduce the pain and promote a certain degree of derivation to the skin. If the pain be severe, I have found the application of a small blister over the area of tenderness on pressure, as recommended by Dr. J. E. Pollock, very advantageous. I have noticed, in some obstinate cases, that when the blister has risen, the diarrhoea has been considered reduced, and pain existing in the abdomen at the same time has subsided.

phate of potash. When, however, the disease has so far advanced as to reach the intestine, it may be considered beyond any effective general treatment. We must be content to restrain diarrhoea if we can, by astringents, the more powerful the better. Tannic acid in from two to four grain doses, with dilute sulphuric acid, sulphate of copper or sulphate of zinc are the most useful, and injections of these substances do some good. —[*Med. and Surg. Rep.*

APHORISMS IN DOUBTFUL CASES OF PREGNANCY.—Dr. Robert Battey, at the late meeting of the American Medical Association, enunciated the following rules as a guide to diagnosis in abdominal enlargements in females :

1. Always consider a married woman pregnant, if living with her husband, until *proved* otherwise.

2. Always consider an unmarried woman innocent until *proved* guilty.

3. Always believe a woman married, of the highest character living with a husband of equally high character, both solemnly assuring the medical man that no intercourse has taken place for two years, as she has been bed-ridden for that length of time, may bring forth a dead foetus.

4. Always believe a young unmarried woman, with abdominal tumor, of high social position and unimpeachable virtue, if she has been watched over by a platonic abstemious young cousin of the male persuasion, while the mother went out, to be pregnant.—[*Michigan Med. News.*

**VARICOSITIES IN PREGNANCY.**—Budin (*Annales de Gynécologie*, April, 1881,) has recently examined the varicosities of pregnancy. The varicosities most frequently found by him are of the leg. He claims that the symptoms of deep and superficial varicosities are quite distinct. The deep varicosities occasion nothing abnormal in the appearance of the affected leg, except an increase in size. The symptoms are severe pain in the calf, popliteal space, and plantar surface, and increased perspiration of the affected region. If symptoms such as these are relieved by rest, they are due to a varicose condition of the deep veins. The varicosities vary much in their appearance. Occasionally they are only troublesome after several pregnancies and then not till the last month of gestation, in some cases they occur during the first three or four weeks, and in one instance their appearance regularly indicated the beginning of pregnancy. Varicosities of some kind occur in about twenty to thirty per cent., of all cases of pregnancy.—[*Chicago Med. Review*.

**MANAGEMENT OF CHLOROFORM NARCOSIS.**—A Paris correspondent of an English contemporary relates the following incident:—

I was invited by Dr. Labbé to assist in a case of ovariectomy at a private hospital. The patient was given chloroform. When the anæsthesia was complete, the surgeon made his incision in the linea alba, through the skin and circular tissue. Suddenly the respiration stopped, and the heart ceased to beat, as clearly shown by the cessation of bleeding and the bloodless appearance of the lips of the wound. The mouth was cleansed from mucus, the tongue drawn forward, the patient's head thrown well back, and artificial respiration practiced for ten minutes, but without result. The case appeared desperate, when Dr. Labbé put a large cloth in boiling water and applied it to the cardiac region. Instantly the heart commenced to beat and the patient to respire. She was saved. The operation was not terminated. The cloth which had been applied was of such a heat that a large blister was raised at the seat of its application.—[*Med. and Surg. Reporter*.

**SURGICAL IMPORTANCE OF THE SUBCUTANEOUS VEINS OF THE ABDOMINAL WALL IN MAN.**—In consequence of the deficiency of our knowledge as to the relations of the veins of the abdominal



wall, and especially of their valves, Dr. Fenwick (London) injected these veins from the arteries with Berlin blue, in the case of a man who had died from hemorrhage. The following were the most important results. The long venous trunks which run subcutaneously at the sides of the abdominal wall, have a neutral middle portion, without valves; while both terminal portions are provided with numerous valves arranged in opposite directions. Hence these cannot act as collateral channels for the femoral vein and vena cava; in cases of obliterations of the vena cava, this function is rather performed by the azygos vein. The neutral middle portion receives blood from the deepest parts of the abdominal wall. The intercostal veins between the mammary and azygos veins are also provided at their terminal parts with valves arranged in contrary directions. The veins in the round ligament are the collateral vessels to the portal vein. The author referred to two cases of extensive distension of the abdominal veins shown at Leipzig, which, according to the preceding observations, did not necessarily indicate obliteration of the vena cava or of the portal vein.—[*London Medical Record*.

**CANTHARIDES POISONING.**—Mr. Clark treats almost every case of gonorrhœa during its primary symptoms—e. g. scalding chordee, etc.—with thick discharge, by saline medicines with tepid-water injections. When the discharge becomes thinner and all active inflammation has abated, iron and cantharides are prescribed internally in the form of tincture of the perchloride of iron and tincture of cantharides, of each five minims three times a day, and an injection of sulphate of zinc of the strength of two grains to the ounce. In the first case of poisoning the patient had been taking the cantharides mixture for five days, at the end of which time he was virtually cured. A week after the discontinuance of the medicine he was attacked with violent pain over the bladder, and this was accompanied upon the following day with strangury. The symptoms, which at first were very severe, passed off at the end of about four days under the use of nitric acid and hyoscyamus internally and hot baths upon the recurrence of the strangury. In the second case the patient after taking two doses only of the cantharides mixture had some of the symptoms of poisoning, viz., frequent desire to pass urine, burning pain during micturition, which was very difficult

and was always accompanied toward the end of the process by a few drops of blood. Half the dose was then ordered but the directions were not followed, the full dose being continued, yet the symptoms rapidly abated. In each case every trace of gonorrhœa was removed, and as soon as the active symptoms produced by the cantharides had passed off the patient felt as well as ever, and had not the slightest discomfort in the urinary organs. The delay of the symptoms in the first case may probably be explained by the supposition that the drug became stored up in the kidneys, and that after a short time its cumulative action gives rise to the symptoms of poisoning.—[ *London Lancet*.

CADAVERIC ALKALOIDS.—MM. Brouardel and Boutmy have communicated to the Académie des Sciences some further observations on the alkaloids developed in the animal body during decomposition—alkaloids which M. Selmi has termed *ptomaines*. According to Bouley and Lussana these substances may be developed not only after death but during life. It is still uncertain whether they are formed by simple chemical action or by the influence of minute organisms. The latter appear concurrently, but they may possibly be merely an indication that these alkaloids furnish a favorable soil for the development of this or that organism. The special object of M. Brouardel's researches was the discovery of means by which these substances may be distinguished from vegetable alkaloids. It is probable that the two have been sometimes confounded, that this confusion has led to grave errors in medico-legal investigations. It was so in a recent case in Italy, where an expert believed that he had discovered, in the body of a deceased General, evidence of delphinine; the reactions supposed to be proof of it were, however, certainly due to one of these cadaveric alkaloids. The most effective method of distinguishing between the vegetable and the animal alkaloids is by making a complete examination of the chemical and physiological properties of the suspected substance; and if any one of these proper to a vegetable alkaloid is absent, it is probable that the substance is not this alkaloid, but a ptomaine which resembles it. This method is, however, tedious and difficult, and is only practicable when a considerable quantity of the suspected material is available. A more convenient method of distinguishing them is by the em-

ployment of ferricyanide of potassium. The substance is unaffected by the pure organic bases of the laboratory, or those extracted from the body of a person who is known to have been poisoned. The cadaveric alkaloids, however, instantly transform it into ferricyanide, and it becomes capable of forming prussian blue with salts of iron. The iodomercurate of potash gives similar reactions with both classes of substances, but the ferricyanide enables them to be distinguished. A few drops of a solution of the sulphate of the alkaloid are added to a solution of some of the salt in a watch-glass, and then a drop of a neutral solution of iron determines the formation of prussian blue if the base is a ptomaine, and not if it is a vegetable alkaloid. Unfortunately there are two important exceptions to this test: morphia produces a similar effect; and so also does veratrine, but in a much less degree.—[*Lancet*.

**THE CURE OF DIPSOMANIA.**—The eminent hygienist, Dr. Alfred Carpenter, is confident that even hereditary dipsomania is a curable disease. He said, in a recent address, its cure depended upon two conditions, the personal habits of the patient himself, and his hereditary tendencies. In the case of those where the habit was acquired, the cure would be comparatively rapid, and provided means were taken to instill proper principles as to the knowledge of the chemical action of alcohol, there ought to be no relapse when the patient came out of the home where he ought to be attended; but in hereditary cases the result might be very different. It took a lifetime to change these conditions, and yet they knew that practice would be made perfect, and that the hereditary nervous man might, by proper education, get rid of his nervousness. There was the work of the home to inculcate such maxims, and bring the patient along a course of self-control, under proper teaching, as might eliminate even hereditary tendencies, and restore the man to his original purity and mental power. He believed they could do this. To doubt it was to doubt the power of their noble profession in its first lines of work, and to lose sight of the fact that the work of the medical profession was more often hygienic and educational than one connected with the mere administration of drugs, and providing antidotes of diseases.—[*Med. and Surg. Reporter*.

**ANÆSTHESIA IN THE FOURTEENTH CENTURY.**—That something

like anæsthesia was known to the medical profession of the fourteenth century is shown by the following from Bocaccio (Decameron, Fourth Day, Novel Ten) which has perhaps been cited before, but will bear repetition. "The physician had a patient who had a bad leg which was due to a decayed bone. Now the doctor supposing that the patient would never be able to bear the pain, ordered a certain water to be distilled that would throw a person to sleep as long as he judged it to be necessary." If this embryo of successful anæsthesia had not been lost sight of for the succeeding five centuries what an immense amount of suffering might have been saved humanity.—[*Chicago Med. Review*.

**DEAFNESS AS THE RESULT OF THE POISON OF SYPHILIS.**—In a communication on the above subject to the *Medical and Surgical Reporter*, Dr. Lawrence Turnbull comes to the following conclusions:—

*First.* That syphilitic diseases of the ear are less numerous in the United States than in Great Britain, or Europe, and that it is not so frequently a cause of deaf muteism. Yet there are cases of this affection.

*Second.* In almost all constitutional syphilitic disease of the ear in children and young persons it is associated with some affection of the eyes, throat and nose. The deafness which often follows the improvement in the eyes is sometimes profound.

*Third.* Persons who have suffered from constitutional syphilis, especially young persons and children, have great impairment of the hearing tones through the bones of the head.

*Fourth.* In a few cases the first indication of syphilitic diseased ear is a primary ulcer in the throat, naso-pharyngeal space, or in the auditory canal, or near the membrana tympani.

*Fifth.* Purulent otitis media, or otitis media sereso syphilitica, may occur in utero, or very young infants, while in young persons and adults we may have congestion of the tympanic mucous membrane from the same cause, ankylosis of the bones of the ear, with bands of adhesion in the middle ear, by extension from the throat to the Eustachian tubes.

*Sixth.* Syphilitic disease may affect the most vital part of the internal ear, labyrinth, semi-circular canals and cochlea, with

marked thickening and dryness of the membranes of the round and oval windows and vessels which supply the internal ear. There is also disease of syphilitic nature in the auditory nerve, also the brain itself, in the formation of disseminated small nodules within the nerve centres.

**ADMINISTRATION OF TANNIN.**—According to a recent article by Dr. Lewin in Virchow's *Archiv* it should be born in mind that when tannin enters the stomach it forms with albumen precipitates, which require for their solution an excess of albumen, of lactic, or of hydrochloric acid. If the albuminate be not soon dissolved, especially if the tannin has been given in the form of powder, the solid particles are likely to adhere to the gastric walls, and produce extensive irritation of the mucous membrane. To avoid this the tannin should be given either as a solution of albuminate of tannin or as alkaline tanate, and not in the form of a powder. A solution of albuminate of tannin is readily prepared by adding a solution of albumen to a solution of tannin till the precipitate at first formed is redissolved in the excess of albumen. This, if made alkaline by the addition of soda carbonate, is still more readily absorbed.—[*Boston Med. and Surg. Journal*.

**LEPROSY COMMUNICATED BY VACCINATION.**—Small-pox at Honolulu is said to be decreasing. During the four months ending June 4th, there were seven hundred and sixty-four cases, of which thirty-six per cent. ended fatally. The Board of Health enforced a strict quarantine, and thus prevented the infection from spreading to the other islands. Unfortunately bovine virus was scarce, and hence vaccination could not be uniformly enforced, the Board having forbidden the use of human virus, through fear of communicating other diseases. On this point the opinion of Mr. Carter, president of the Board, is significant and, indeed, startling, if he has an adequate basis for his conclusions. It is his belief that of nearly eight hundred lepers sent to the leper settlement subsequent to the last small-pox epidemic, probably six hundred became thus diseased through vaccination with human virus. During the prevalence of the scourge, which has just subsided, strong complaints were made that the Chinese concealed cases of the disease until they became hopeless, and then turned them over to the Board of Health in order

to escape the cost of burial and any unpleasant complications which might otherwise have arisen from the discovery of a corpse.—[*Med. Record*.

**PROPOSITIONS ABOUT VENESECTIONS.**—The propriety of venesection as a therapeutic measure is securing renewed attention in England, as well as in this country. Among recent articles, we note one by Mr. T. M. Dolan, F. R. C. S., in the *Med. Press and Circular*, May 18th. He sums up his conclusions in the following propositions:—

1. Venesection has no direct influence over inflammation, external or internal.

2. Venesection is useless, in the case of all external inflammations.

3. Venesection is of use in those inflammations, where the cardiac and respiratory functions are interfered with.

4. Local bleeding in external inflammations is most useful; its effect is patent.

5. Local bleeding in internal inflammations, where there is a direct capillary circulation between the skin and inflamed part is of manifest service.

6. The benefit of local bleeding, when there are not such conditions, is neither clear nor positively ascertained.

These propositions express fairly well the true position of venesection in therapeutics, although, of course, they are all subject to exceptions in particular cases.

Mr. Dolan quotes, with approval, the following words of Dr. Markham, on the subject of general bleeding:—

“Is it credible that a remedy which, through evil report, and through good report, has steadily held its own in the catalogue of curative agencies, from the days of Hippocrates to our own, can all at once have ceased to be of service to humanity? Must we believe that all the great minds who, through the long ages of past medicine, have resorted to this remedy, have been using it under a delusion? Surely, the very fact of the antiquity of the remedy, its universality, and its persistence during all times as a curative measure, is strong *à priori* evidence of its possessing value and excellence as such.”—[*Mich. Medical News*.

**SKIN-GRAFTING WITH GRAFTS TAKEN FROM THE DEAD SUB-**

JECT.—John H. Girdner, M. D., of New York, says, in the *Medical Record*, July 30, 1881, that Charles Joice, aged ten years, who lives in Morrisania, the latter part of June, 1880, while sitting on a door on which there was a steel hinge, was struck by lightning, and became comatose, in which condition he remained for several hours. He was brought to Bellevue Hospital and placed under my charge. When his clothes were removed the skin came off his left arm and scapula, leaving a large, raw surface. This surface was treated by different means for some weeks, until a healthy granulating surface was obtained all over the affected part.

About this time, a healthy young German, who had attempted suicide by cutting his throat, was brought to the hospital, and died within a few hours. Six hours after his death, I went to the dead-house and removed a portion of skin from the inner side of the thigh, where there was least hair, and the skin most delicate. Having cut this piece of skin into a great many small pieces, I applied them and dressed the surface after my own method, which is to apply first, next to the grafted surface, a piece of the green protective used in Lister's dressing; over this I strap the ulcer with ordinary rubber or adhesive plaster, and over the whole throw a roller loosely. The object of the green protective is to prevent the grafts from adhering to the plaster and from being torn off when the dressing is removed. The strapping is simply to make pressure, which must be firm and evenly applied.

After the dressings had remained on for four days, they were removed, and after some little discharge had been washed off, I had the patient photographed. About one-fourth of the grafts had failed to take, and were washed off when the wound was cleansed. The remainder have attached themselves to the ulcer, and the lower and central portions of the ulcer on the arm are already covered with a thin, delicate skin, as a result of the fusing together of the little islands of skin, each graft serving as a point of departure for the formation of these islands. As in other and similar cases, cicatrization would have doubtless gone on to complete cure in a short time, but for an attack of erysipelatous inflammation, resulting from the low condition of the boy's general health, and his exposure to other causes of that disease, which destroyed a large portion of the newly formed skin, requiring subsequent graftings, but finally resulted in



a cure, with much less of contracting cicatricial tissue than is commonly witnessed after recovery from such extensive burns.

Skin and mucous membrane removed from the living in surgical operations have been often used for grafts. But I wish to state here my claim, that the idea of removing skin from the cadaver and grafting it on to the living subject is original with me, and that I was the first to perform this operation, which has since been done many times successfully by other gentlemen. It seems to me that any one who has witnessed, as I have done repeatedly, skin taken from the dead body several hours after death return to life, adhere to a granulating surface, and with surprising rapidity send out prolongations of delicate skin in all directions, covering the surface with a new skin comparatively free from contraction, must agree with me that skin-grafting is in its infancy; and that when men of ability have given it more attention, and found out the possibilities of the proceeding, we may expect to see frightfully contracting cicatrices which follow burns and nævi removed by excision, and their places filled with a skin almost as perfect as the surrounding, and which has been removed from the dead or living body of another person.

**A CASE OF COMPLETE RUPTURE OF THE PERINEUM WHICH UNITED SPONTANEOUSLY.**—Dr. J. H. Radford writes as follows, concerning a case of this character:

The case is as follows:—Mrs. B——, aged 35, primipara, with a small pelvis.

On the 18th May, I was summoned to attend her as she was about to be confined. On my arrival I found her having pretty severe pains which were coming on very regularly. I made an examination per vaginam and found a thin, soft, dilatable os, about the size of a crown piece. In the course of an hour I made another examination and found the os dilated to its full size, after which the pains began to diminish and continued to do so for about an hour. I then gave her an enema and a dose of ergot which did not have much influence over the uterus, so I gave another 3ss dose, which had a decided effect.

Pains came on and in spite of all my efforts to prevent rupture, by smearing with olive oil, dilating with fingers, supporting the perineum, and shoving up the head, it was torn through the sphincter ani. Case lasted ten hours.



Treatment—After washing the part thoroughly I put in two silver wire sutures and tied the knees together, placed her on her side in which position she was kept. I kept the bowels confined for ten days by morphia. Drew off water for the first week twice a day, after that she made it while lying on her abdomen. The vagina was washed out twice a day with a carbolic solution.

On the tenth day I gave her an enema and broke up the fæces with a pair of forceps. She then got an enema for the five following days. About the 13th day I removed the sutures and found good union. Have examined her twice since last time, about four weeks after the rupture took place. Diet consisted of beef-tea, chicken broth, and milk. No solid food whatever. —[*Canadian Journal of Med. Science.*

THE FLUORIDES IN MEDICINE.—Dr. J. M. Da Costa (*Archives of Medicine*) has been making some experiments with the salts of fluorine. Fluoride of potassium, of sodium, and ferrous fluoride were the preparations chiefly tested. The fluoride of potassium was best borne and more used. This was given in doses of two or three grains. It was first given in a case of subacute rheumatism with considerable pain. The pain was considerably relieved without producing drowsiness. Gastric disturbance soon set in, however, and the drug had to be stopped. In other cases of rheumatism like effects were produced.

Reviewing the experiments, Dr. Da Costa says that the fluorides, especially the fluoride of potassium, in large doses are prompt emetics without depressing. They seem to relieve pain without producing sedation or sleep. They cannot be given long without producing gastric trouble. Their most singular effect, which is manifest especially with the iron salts, is the anorexia that is produced even by small doses. It is suggested that they may be of use in bulimia, or to counteract the craving for drink. On the whole, however, it seems unlikely that their therapeutic usefulness will be great.—[*Med. Record.*

PSYCHICAL IMPOTENCE.—The only case of psychical impotence that I have ever met with is the following: A widower, 52 years of age, was engaged to be married, and despite the fact that he had erections in the presence of the object of his affections, he was so fearful that he would disgrace himself on the

night of his wedding, that he made the experiment with another woman and failed utterly. As a consequence of this unfortunate test, he constantly brooded over his imaginary trouble, for which he sought my opinion. I found that his genital organs and prostatic urethra were perfectly normal, and succeeded in obtaining his confidence by assuring him that I had met with many cases of a similar nature, and that they had always yielded readily to teaspoonful doses of fl. ext. damiana, taken every eight hours, for three days before marriage. As a result of this ruse, he subsequently wrote me that the remedy acted like a charm.—S. W. GROSS, *Disorders of the Male Sexual Organs*, p. 62

**DIPHTHERIA AND FILTH.**—Dr. John Morris reported the occurrence of six cases of diphtheria in one house. Five were attacked on the same day, the sixth four days afterward. All presented a serious aspect from the beginning, and three died on the fourth and fifth days of paralysis of the heart due to the violence of the poison. The other three are likely to recover. The circumstances suggesting a local cause, an examination was made by the Health Department by direction of Dr. Steuart, Health Commissioner, which revealed a shocking sanitary condition of the premises. The yard was small, the privy being but twelve feet from the hydrant. The contents of the privy were running over into the yard and alley-way. The family cooked and lived in the basement; upon taking up the board floor of this, the ground was found covered with fecal matter. The cellar was stored with old lumber, much of which was rotten and decaying—the remains, evidently, of some old building intended for use as fuel. A goat was tied near the back door, and there was a large pigeon house, containing twenty to thirty pigeons, and in a filthy condition, just over the door. The family were dirty and offensive-looking, and the odor on entering the house was horrible. A child who subsequently played with the goat, died of diphtheria. The yellow-fever epidemic in Norfolk in 1855 originated from rotten shingles.—[*Maryland Med. Journal*.

## Correspondence.

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### ARTICLE XXXVIII.

#### EUROPEAN CORRESPONDENCE.

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As announced in our last issue Dr. Rumbold, the Editor of the JOURNAL left the city to attend the meetings of the International Medical Congress, held in London, and of the British Medical Association in the Island of Wight, he being a delegate for the St. Louis Medical Society to both meetings.

Since his departure we have received the following letters which may not be uninteresting to the majority of our readers.

Liverpool, England, July 19 1881.

DEAR JOURNAL.—After a very pleasant voyage of ten days on the Steam-Ship Egypt I landed in this city of ships. I remained here only long enough to visit the two largest hospitals. As it was my luck to miss the visiting surgeons, I saw the resident physician alone. I saw nothing that was of special interest. Neither have a throat department nor has Liverpool any throat specialist of note. The reason of this is that the profession is down on specialists of any kind, but especially on those connected with the respiratory organs. When in answer to a question as to whether I had paid any special attention to the throat I answered no, the young ward doctor (the most of them part their hair in the middle) appeared much pleased, but when I added that the diseases of the nasal passages were of far greater importance than those of the throat, his countenance, at once, assumed a smile of contempt, and, with a slight toss of the head, he said that “it was to be greatly feared that specialists were driving things far too far.” My remark was that “I presumed that every medical student, in this country before he receives his degree, has made careful dissections through the nasal cavities, so that he could examine every sinus, and also through the Eustachian tube, middle ear and mastoid cells.” His answer was that “Oh, that’s a nasty part of the head, we can learn enough of this in the books.” (!) His contempt, his conceit, and

his ignorance were equal. I asked him as to the mode of applications to the throat, and what was applied; the answer was "the brush is probably the best thing, and as to our remedies, they are as numerous as the articles in the materia medica; nitrate of silver stands deservedly at the head." Question. What do you think of *Pinus Canadensis* as an astringent? Answer. Oh, we used to use that in our gynecological cases but we have given it up. What of carbolic acid? Oh, that's a very good thing. What is the strength of your solution? About 5 per cent. Do you not find that this strength causes an anæsthetic effect, followed by increased congestion? Oh no sir; by the way, I don't know, it may be, what is your experience? I answered that I have seen such effects follow. He then took me through the whole hospital. As I have said, I saw nothing that was striking except the universal clumsiness of their splints for fractures of all kinds.

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London, England, July 28 1881.

DEAR JOURNAL.—Nearly every person that comes to this country from America visits and kisses the Blarney Stone. This I have not done. This you can see from my reports. London is *the* City in which the American physician can see more hospital practice than he can see in all other English speaking cities combined. He can see more good and more bad practice than he can in New York, Philadelphia, St. Louis or Boston. He can see more men of high renown make brilliant operations and bungling mistakes than in any of the above cities. I saw the younger Golden Bird make an operation for gastrostomy, on account of stricture of the œsophagus. He divided the abdominal wall down to the peritoneum, under the carbolic acid spray; when the blood had ceased to flow, he took up this membrane on a grooved director and opened the abdominal cavity. This let the air and spray into the patient's scafold-shaped belly. The next job was to find the stomach, which was very much collapsed; by passing his finger well under the ribs, he got hold of it. He then passed two ligatures, about one inch apart, through the fold that was drawn up into the wound made through the abdominal wall. This was to hold the stomach while he stitched it to both edges of the wound. He did not open the stomach, this will be done in from three to five days. He then trephined the

left mastoid cell of a girl about 12 years old, who had excessive pain in the ear. I noticed that she had a very free otorrhœa, with no redness over the mastoid process, nor was there any appearance that indicated, to me, that there was excessive inflammation inside of the mastoid cell. In fact I learned from the ward attendants that there was nothing but a severe ear ache. Dr. Golden Bird made the usual cross incision over the process, raised the periostium with the end of the scalpel, and then applied the trephine. After cutting apparently about  $\frac{1}{4}$  inch, he tried to take out the circular piece with a gouge excavator, but failed to start it. He then took the trephine again and cut still farther inward; on the withdrawal of the trephine, a stream of blood spirted out of the wound fully as large as my lead pencil. There was an old physician standing by my side, who involuntarily made a step backward and exclaimed quite audibly "Ah, Ah, the lateral sinus is opened, what a pity." I will report the result of this operation in the next JOURNAL. Dr. Golden Bird said that it might be from the enlarged veins in the cells, but that it might be the lateral sinus; if so, the case would in all probability die. I am very certain that it will pay American physicians to come over here and see mistakes made, but to see them too often makes one too reckless, which is closely allied to barbarism.

The Royal Ophthalmic Hospital is one of the largest institutions of the kind in the world treating many thousands of cases annually. The surgical operators are many but among the best may be mentioned Drs. Lawson, Adams and Couper. Refraction of the eye is being assiduously studied. A little work, by A. Stanford Merton, M. B. F. R. C. S., Senior assistant to the Royal South London Hospital as well as clinical assistant at this better known perhaps by the name Moorfields Hospital has been published this year which treats of refraction, its diagnosis etc., with a chapter on Keratoscopy, and is of great use to the beginner.

It would be difficult to enumerate the number of eye balls enucleated here annually. Very many cases require it in old diseased eyes in which ossification of the globe or otherwise its presence becomes as intolerable as a decayed, aching tooth and patients are anxious for their removal. It has been charged as reported by a London Surgeon that the good eye instead of the bad one has been removed somewhere here in London but with what truth we cannot tell. Iridectomy as a preliminary opera-

tion to extraction of lens in cataract is being favored as the latter operation becomes simplified and is attended with less bad results to the eyes operated on. The iridectomy may precede the extraction three to five months, but should not be longer.

Perhaps one of the best ovariologists among the younger may be mentioned Dr. Knowsley Thornton who usually operates once or twice a week at the Samaritan. A Gynæcologist of considerable experience a few days ago proposed to do ovariectomy but after opening the abdomen he found the tumor to be uterine, when he declined to proceed further and closed up the opening at once.

Another prominent gentleman found a tumor in the upper portion of the vagina displacing the uterus somewhat, but it was found by a more careful diagnostician that the woman had pelvic cellulitis.

Emmet's operation for lacerated cervix is being done by a few London gynæcologists.

One distinguished gentleman remarked to me that the lesion was not formerly recognized but that it is now, and gave Emmet the credit for bringing it before the medical reader, as frequently existing where the diagnosis usually was abrasion of the os, when in reality there was laceration on each side with eversion of the lips of the os uteri.

There is a wonderful rush, emanating from a spirit of emulation, or rivalry frequently not unmingled with bitter envy and jealousy, evidently existing among many of the London medical fraternity. A fibrocystic tumor of the uterus was first aspirated by Dr. Thornton and a large quantity of fluid drawn off. In a few days there was reaccumulation of fluid in the cyst for the treatment of which he premised abdominal section. After making a short incision in the linea alba he thrust into the cyst a large clamp canula as is usually practiced for emptying ovarian cysts, and then bringing out through the opening in the abdomen the tumor attached to which close to the tumor was an ovary or either the uterine fibroid having invaded and occupied the broad ligaments. He remarked that the wisest thing he could do would be to remove the ovaries which, before completing the operation, he did. He enlarged the opening in the cyst made by the introduction of the canula and after securing the largest vessels around the margin of the

opening he used the actual cautery and perchloride of iron until the hemorrhage was stopped. The vessels leading to the ovaries being secured, he cut them off, and after scooping out the blood coagulated by the iron, the tumor was sponged off and returned into the abdomen, and the wound carefully stitched and dressed *à la Lister*. Dr. Thornton usually operates under the spray but many of the surgeons here do not.

I may remarked here that I saw it neglected once where for the benefit of us all that were in the theatre I thought it should have been used. It was when immediately after amputating a mortified leg, which was allowed to remain some time after the patient had been returned to his bed in the ward, giving it time to fill the entire room with its filthy and contaminating effluvia that a woman was brought out and a tumor removed from the mamma without the spray. I believe they used carbolized water, but it is quite clear that disinfection of the air about the wound was not effected, to say nothing of the foul air the patient and all the rest were constantly breathing. And all this occurred in one of the old Hospitals in the city of London.

As an instance of heroic surgery at the same hospital I may direct the reader's attention to an operation of ovariectomy performed there. The abdomen was ripped from pubis to sternum and what appeared to me to be ovarian or ovario-uterine or uterine fibroid by a persistent and persevering series of separating, tearing, ligating and dividing, was taken out of the then apparently (at a casual look) eviscerated subject, and the extensive wound stitched up, just before the patient breathed her last.

Notwithstanding, in some instances John Bull with selfcomplacent dignity and a sullen, icicle selfishness apparent, passes his American cousin, and even his European confrères; yet many London Doctors show the true gentlemen that they are, and seem willing and anxious to interest and entertain strangers from every land, and I shall return to America glad that I came, and with many pleasant recollections connected closely with medical men of the great city of London.

University Hospital is one of the smallest but also one of the best arranged in the city, one of the features of the institution is the rooms for bathing gotten up by the late Dr. Tillbury Fox. The baths are of every description and of perfect workmanship. Annexed to them is a disinfecting room where cloth-



ing is disinfected by hot air. There we met Dr. Marcus Beck, one of the junior surgeons but one who has good stuff in him and is remarkably kind and considerate.

The museum is small but has some very rare specimens in it.

I have visited the Golden Square Throat Hospital and its branch on the south side of Thames, but I will make the reports from these hospitals after I have visited others.

At present, there are 839 physicians registered at the Royal College of Physicians. Next Tuesday will be the opening day of the Congress.

An Informal Reception will take place at the Royal College of Physicians, Pall Mall East, on Tuesday Afternoon, Aug. 2nd, from 3 P. M. to 6 P. M., at which the Executive and Reception Committees will meet the members of the Congress.

The Opening meeting of the Congress will be held in St. James's Great Hall, on Wednesday, Aug. 3rd, at 11 A. M. The other General Meetings will also be held there. Entrances in Regent Street and Piccadilly.

The Offices of the Reception Committee are in the College of Physicians, Pall Mall East, at the North-West corner of Trafalgar Square.

The Reception Committee will meet during the week at 3 P. M. in the Censor's Room of the College of Physicians.

The Office of the Reception Committee at the College of Physicians will be open for the Registration of Members on and after Monday, July 18th. Members are requested to call at the College as soon as possible, after their arrival in London, to enter their names and addresses in the register, when they will be supplied with programmes of business and tickets for membership. Every possible information will be given as to the excursions and entertainments, and the prices and situations of convenient hotels and lodgings.

By the kindness of the directors of the United Telephone Company, the medical congress has been placed in direct communication with the exchange system of that company. It will therefore be competent for any one attending the Congress to hold conversation by means of the telephone with any of the subscribers to the company.

The United Telephone Company has also erected for the use of the Congress a private line, which connects the College



of Physicians in Pall Mall East, with Burlington House, and thus affords facilities for verbal communication between those two points.

Members wishing to take part in any of the Excursions, or to visit any of the private and public places of interest open on the occasion, must enter their names in the proper book, at the College of Physicians, at the earliest opportunity, in order that the necessary arrangements may be made.

The Office of the Editors of the Daily Programme is on the first floor in the College of Physicians, where the MSS. of all business to be transacted in the Sections on the next day must be handed in before 4 P. M.

The Hon. Secretary-General's room is at the College of Physicians, on the ground floor, at the right-hand side of the stair case.

A reading and writing room is provided at the College of Physicians, where members can see the Journal and write letters. Letters for members may be addressed here during the meeting of the Congress.

A postal and telegraph office is situated on the left-hand side of the entrance to the Courtyard of Burlington House, Piccadilly.

Facilities will be afforded every day during the session of the Congress, between the hours of 2 P. M. and 3.30 P. M., to members desirous of visiting the London hospitals and medical schools and their museums. Special arrangements have been made for afternoon hospital visits on Thursday, Aug. 4th, and Friday Aug. 5th, when the members of the staff of each hospital and school, as far as is practicable, will attend. The officers of the sections will afford information respecting visits which members may desire to make to special hospitals other than those mentioned in the programme, or to institutions of interest to the members of the Section.

Members of the Congress are admitted free, on presentation of their tickets of membership, to view the International Medical and Sanitary Exhibition at South Kensington, at which will be exhibited the various materials and apparatus employed in the prevention, detection, cure, and alleviation of disease.

All applications for books of abstracts should be made at the Royal College of Physicians.

The Laryngological Section at the International Medical

Congress is well represented. There are some seventy-five laryngologists present among who may be mentioned: Fauvel, Loewenberg, Krishaber, Gunguenheim, Fournié and Cadier of Paris, Moure (Bordeaux), Bayer, Capart (Brussels), Schiffers (Liège), Eeman (Gent), Koch (Luxemburg), Guyé (Amsterdam), B. Franckel, Fritsche, Lewin, Böcker, and Krause of Berlin; Bäumlér (Freiburg), Schäffer (Bremen), Meyer (Copenhagen), Turatz (Heidelberg), Voltolini, Gottstein (Breslau), Riegel (Giessen), Gerhardt, Rossbach (Wurtzburg), Burow (Königsberg), Michel, Hopmann (Cologne), Tornwalt (Dantzic), Mermagen (Mannheim), Steffen (Stettin), E. Fränckel (Hamburg), Schnitzler (Vienna), Herring, Karwowski (Warsaw), Alberti (Genoa), Caselli (Reggio), Lefferts, Lincoln Bosworth (New York), Cohen (Philadelphia), Roe (Rochester) and Rumbold (St. Louis).

G. Johnson is chairman and De Havilland Hall, Walker and Semon, secretaries. M. Mackenzie, Spencer Watson, Poore, Semple, Prosser James, Whistler, L. Browne and Woakes of London, Foulis (Glasgow) and many others will attend. Over 300 papers have been offered, but owing to want of time only 30 will be read.

Illinois is nobly represented by the elder of her delegates who has been here—in Europe—for months. He can be distinguished for blocks by his towering form and long grey ringlets surmounted by a faultless "stove-pipe" of old gold.

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#### ARREST OF DEVELOPMENT.

EDITORS JOURNAL:—I wish to report a case of arrest of development.

I was called on the 30th of last July, to attend a Mrs. T., in her thirteenth labor. After several hours of suffering, she was delivered of a fourteen pound child. Everything about the child was normal except the head, in which there was an entire absence of both of the parietal and frontal bones. The occipital and temporal bones were in their normal positions. The superior surface of the head was flat except in the center, where a tumor, about the size of a hen's egg, protruded through the scalp and contained cerebral matter. It was covered by the meninges alone. The mother had a severe fall in the third month of pregnancy. The parents of this deformed child were the children of two brothers. The child lived five hours and had great difficulty in breathing, from the time of its birth until it died.

C. C. VALLE, M. D.

Perryville, Mo.

## Editorial.

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### ARTICLE XXXIX.

#### ST. LOUIS' SUPPLY OF WATER.

It has been known for a long time that St. Louis is not adequately supplied with water, but not till recently was there any alarm. The water supply now threatens to give out very soon unless some energetic means are taken to prevent a certain amount of wastage which would only, however, put off the inevitable for a short time. The demand at present is greater than the supply and, to our minds, the only way to remedy this is to increase the supply by adding suitable machinery. It would be very bad policy and even criminal negligence to let a city like this one, suffer a water famine; for, apart from the great inconvenience it would occasion, the sanitary aspects of the question are not less important if not more so. It has always been said that it is through the liberal use of water, that St. Louis has preserved such a healthy standard, despite the enormous fluctuations in temperature, and all the death-dealing causes found prevailing in large cities.

We hope to see the whole medical profession of the city rise up like one man, and demand that water be supplied plentifully. Let it be wasted; better waste a few thousands for the sake of cleanliness and health, than economize by paying with the lives of useful citizens. That this will be done is far from certain. There is some legal impediment attached to the erection of additional water-works, which our State Legislature imposed some years ago. If, however, such impediment is found to be to any high degree detrimental to the welfare of the city, justice demands that it be removed forthwith.

It has already happened that those residing in elevated portions of the city could have no water, and the problem of a proper water supply to the city is assuming proportions, great enough to claim public attention.

## Book Reviews.

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### ARTICLE XL.

**ON THE ANTAGONISM BETWEEN MEDICINES AND BETWEEN REMEDIES AND DISEASES.** Being the Cartwright Lectures for the year 1880. By ROBERTS BARTHLOW, A. M., M. D., L. L. D. 8vo. pp. 122. (New York: D. Appleton & Co; 1881.) Price \$1.25.

Dr. Bartholow had the honor of delivering the first course of the Cartwright Lectures, and his six lectures are such as to reflect honor upon the bequest of the late Mr. Cartwright as well as upon the lecturer himself.

The lectures have been reproduced in medical journals, and have been so extensively read by the profession that it seems almost useless to dwell upon them here. However, there may be some who have not had the pleasure and advantage of reading these lectures, and to them we commend a careful perusal, of what cannot fail to be to them a most useful series of lectures.

In the first lecture the author gives an introductory sketch of the foundation of the Cartwright lectures, calling attention to the fact, that private beneficence is rarely, if ever, turned in the direction of medicine. In the next four lectures the antagonism of remedies are considered, all the principal ones receiving attention.

In the two concluding lectures are considered the antagonism between remedies and diseases. It is, perhaps, to be regretted that the limit set down was such as to preclude the lecturer from entering more fully into his subject, and from considering a greater number of medicines and diseases. As far as he has gone he has done excellently, but he has not gone far enough. It is to be hoped that Dr. Bartholow will not rest satisfied with this, but that at some future period he will continue the subject at greater length and in greater detail. We are sure that such a move would meet with general commendation, at the hands of the profession.

As it is, this series of lectures, will be of the greatest service to those whose ideas, on the subjects embraced, are not clear and definite. It will be found to clear up many doubts and render a pathway, otherwise rugged, smooth and pleasant.

LECTURES ON DISEASES OF THE NERVOUS SYSTEM, ESPECIALLY IN WOMEN. By S. WEIR MITCHELL, M. D., with Five Plates, 12mo. pp. 238. (Phila: Henry C. Lea's Son & Co. 1881.)

This is a series of thirteen lectures upon a number of nervous diseases, which the author has deemed of a certain importance especially in their relations to women. The Paralysis of Hysteria is the subject of the first lecture, the histories of cases being given before the consideration of the subject proper is entered into.

In regard to hysterical half-palsies he states that they involve more or less all of one side, except the face. He has also found the patellar tendon reflex wanting in some cases, contrary to the opinion of Charcot and Buzzard who both state that it is exaggerated on the affected side.

In the next lecture Hysterical Motor Ataxia is considered and followed in the next by a notice of Mimicry in Diseases. The causes of this he attributes to the hysterical state, and to that designated "general nervousness." A general lowering of the health is also given as a cause. The author says that "there exists in all of us, feebler in age and more potent in childhood, a tendency to automatic and unconscious imitation which is the parent of a good deal of the mimicry of disease.....and it is in them responsible for a good many of the peculiarities and resemblances set down to inheritance." It would, perhaps, be a difficult matter for Dr. Mitchell to uphold this doctrine; for it has been a matter of common observation that children have tricks of manner and of speech peculiar to grand-parents who died before the children were born. In such cases mimicry is entirely out of the question.

Unusual Forms of Spasmodic Affections in Women; Tremor—Chronic Spasms; Chorea of Childhood; Habit Chorea; Disorders of Sleep in Nervous or Hysterical Persons; Vaso-Motor and Respiratory Disorders in the Nervous or Hysterical; Hysterical Aphonia; Gastro-Intestinal Disorders of Hysteria; and The Treatment of Nervous Exhaustion and Hysteria by Seclusion, Rest, Massage, Electricity and full feeding, are the subjects embraced in the remaining lectures.

The whole volume seems more particularly devoted to certain forms of hysteria, and is written in a pleasant colloquial style, abounding in illustrations, and containing but little of pathology or treatment that can be considered as of much scientific value or interest.

It is very pleasant reading albeit not as profitable as can be found elsewhere. The histories of cases, which are numerous, are well given and may well serve as guides for those whose manner of relating such things is not connected or systematic.

**AN INTRODUCTION TO PATHOLOGY AND MORBID ANATOMY.** By T. HENRY GREEN, M. D., *Lond.* Fourth Edition from the Fifth Revised Edition. with 138 fine engravings. 8vo. pp. 137. (Phila: Henry C. Lea's Son & Co. 1891. St. Louis: Hugh R. Hildreth Printing Co., Price \$1.25.

Green has for a long time been used as a text-book in many of our leading colleges and is an author who soon acquires for himself the sympathy of his readers.

In this edition of his work, he has brought down pathology to the stage at which it has arrived to-day, and his theories are based upon Virchow's cellular pathology. The first chapter is devoted to the cell, and is a short and condensed generalization of the properties of cells and protoplasm. In the next succeeding chapters general pathological conditions, such as atrophy, necrosis, "degenerations," etc., are considered in very short order. This is perhaps better for the student, but it is far from satisfactory to the matured reader, whose ideas upon the subject are often more obscure than is convenient, and who look to a book like the present one, to throw a ray of light upon such questions. The microscopic appearances are profuse and pretty well given; but this is not enough. We always like to see some individuality in a book and this can only be achieved by the author advancing his views and opinions upon the subjects presented.

The classification of tumors, is essentially the same, as that in former editions and is perhaps as good a one as we can expect, with our present knowledge of the genesis of tumors. Under the head of Carcinomata, he says that "there is no *specific* 'cancer-cell'," stating that cells precisely similar are found in other morbid growths and also in the normal tissues. To our mind, however, there seems to be attached to the cancer-cell a certain perversion, not visible to the microscope, perhaps, which determines certain conditions peculiar to the cancer; and, in this regard, the cancer-cell may well be considered *specific*.

Cysts are disposed of in a very few pages, as if of not sufficient importance to deserve any lengthened notice. The subject is deserving of more attention, and we hope at some future epoch, more and a greater amount of time and space will be devoted to this subject, which is as yet a comparatively uncultivated field, which by careful tilling will yield rich harvests.

Changes in the blood and circulation including anæmia, hyperæmia, inflammation, embolism, etc., occupy several chapters. In regard to tubercles, he states that it is the products of scrofulous inflammation which are the most common cause of acute tuberculosis. After considering the tuberculosis of various structures of the body, he turns his attention to pyæmia and septicæmia. In regard to the relative importance of bacteria, in producing septicæmia, various authors are quoted, the conclu.

sion being that the septic poison is a product of the growth of bacteria ; but bacteria are incapable of producing the poison in the healthy organisms. It is in the products of injured tissues, that the development of bacteria and production of poison can take place ; and it is, consequently, in some inflammatory lesion that septic processes, for the most part originate.

Syphilis, inflammation of non-vascular tissues, of bone and of the viscera are considered, the book terminating with a chapter on phthisis, and an addition of a chapter on mounting microscopical objects.

The heading of "Non-vascular Tissues" is an unfortunate one, as all tissues are histologically non-vascular. There is no tissue in the body that is not extra-vascular, being bathed in a liquid that both provides nutrition and takes away detritus. The author includes the cornea in "non-vascular tissues," when it is a matter of common observation to see comparatively large blood-vessels in it, when in certain pathological conditions. The inference is that they existed previously though not visible to the ordinary eyesight. Connective tissue and bone, doubtless have as many blood-vessels passing through them as muscle, and a better heading and one less misleading ought to be adopted by the author.

The book has many good points about it, and it has met with success by reason of them. This edition is well illustrated, although some, such as figs. 108 and 109, are very inferior and not at all as satisfactory as some of the drawings we have been presented with in the medical history of the late rebellion.

For the student this will prove a good hand-book, and be an introductory volume to larger, more elaborate and detailed works upon isolated subjects of pathology.

**GEO. P. ROWELL'S AMERICAN NEWSPAPER DIRECTORY**, Containing Accurate Lists of all the Newspapers and Periodicals in the United States, Territories and the Dominion of Canada, Thirteenth Annual Edition, 12mo. pp. 1204. (New York : Geo. P. Rowell & Co., 1881.)

This volume is handsomely gotten up, and contains about as much information on newspapers as it is possible to obtain. It is all in a compact form and easily obtained. On the whole it is a valuable reference book for the publisher and advertiser.

**A MEDICO-LEGAL TREATISE ON MAL-PRACTICE, MEDICAL EVIDENCE AND INSANITY**, comprising the elements of Medical Jurisprudence. By JOHN ELLWELL, M. D., Fourth Edition revised and enlarged, 8vo. pp. 6.00. (New York : Baker Voorhis & Co., 1881.) From the author. Price \$6.00.



It is some twenty years since the author issued the first edition of this work which was so well received that it astonished himself and friends. This the fourth edition will not fail of meeting with a ready sale, being well written by a man who is not only a lawyer but a graduate in medicine and ought, therefore, know whereof he speaks.

In the first chapter is considered a subject of importance to every physician: the general principles of law applicable to medical men. In this is considered the exact amount of liability a physician or surgeon incurs in the treatment of a patient, and what the amount of skill and knowledge that is required of him. Some other questions bearing upon this latter subject occupy two chapters which are followed by mal-practice.

The responsibilities of druggists are considered in chapter XII. Then comes criminal mal-practice, abortion, evidence, experts, etc. Insanity in its various medico-legal aspects, is very thoroughly considered as well as poisons, infanticides, wounds and rape which are also treated of. The whole concludes with a chapter on the coroner's office and inquests.

This book has enjoyed a merited good reputation, and it is essentially American in character. The cases cited, and they are numerous, are American and occurred in American courts, and therefore of more interest perhaps, than the oft quoted English ones found in Taylor and other authors.

The chapters on insanity are well written and could be profitably read by many of our criminal lawyers, and with as much advantage by a great many of our so-called "experts" in insanity, who seem to be always ready to testify for the side which gives them a retainer.

The author has received so many flattering testimonials at the hands of others, that it is quite superfluous for us to add anything to the deserving compliments bestowed upon this valuable work.

**ANATOMICAL PLATES**, arranged as a companion volume for "The Essentials of Anatomy" and for Works upon Descriptive Anatomy, Comprising Four Hundred and Thirty-Nine Designs on Steel by Prof. J. N. Massé, of Paris, and numerous diagrammatic cuts selected or designed by the editor together with explanatory letter-press. Edited by AMBROSE L. RANNEY, A. M., M. D. small 4 to. (New York: G. P. Putnam's Sons. 1881. St. Louis: Hugh R. Hildreth Printing Co.) Price \$ 3.00.

These plates are well executed steel engravings for the most part; to those, possessed of acute vision, of the greatest value. To others, not so fortunate, this cannot be the case for the fig-



ures are very small. An anatomical atlas above all things must of a sufficient size to enable the student to perceive readily, the smaller details without doing violence to the definite proportions which exist in nature. The scope of these plates is large and it is with reluctance that we point to these defects.

The large, colored atlases can never be supplanted by small plates like the ones before us. It is true that they are less bulky, and may serve their purpose when mere general outlines are sought. They also possess an advantage which is sometimes a potent factor in the purchase of books; the volume is very cheap and is one which is worth much more than the price demanded for it.

The diagrams are very useful and will prove of great help in connection with the "Essentials of Anatomy." They are quite numerous and well selected.

Some of the defects of this book are that a great many figures in the plates are upside down, thus necessitating frequently, a turning around of the book.

The book is published at about one-third the price of Massé's, and the publishers claim that the execution is fully equal to that of the Paris edition. They deserve a hearty support for their enterprise and many will no doubt, avail themselves of this opportunity of procuring a valuable work at such cheap rates.

The type and binding are unexceptionable.

### Books and Pamphlets Received.

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#### ARTICLE XLI.

**American Nervousness. Its Causes and consequences. A Supplement to Nervous Exhaustion (Neurasthenia).** By George M. Beard, A. M., M. D. 12mo. pp. 352. (New York: G. P. Putnam's Sons, 1881. St. Louis: Hugh R. Hildreth Printing Co.) Price \$1.50.

**A Manual of the Practice of Medicine. Designed for the use of Students and the General Practitioner.** By Henry C. Moir, M. D. 12mo. pp. 455. (New York: Steam Press of the Industrial School, H. O. A., 1881.) From the Author.

**Habitual Mouth Breathing: Its Causes, Effects and Treatment.** By Clinton Wagner, M. D. 12mo. pp. 52. (New York: G. P. Putnam's Sons, 1881. St. Louis: Hugh R. Hildreth Printing Co.) Price 75 cents

**On Eye Affections from Malarial Poisoning.** By Chas. J. Kipp, M. D. (Extracted from the Transactions of the Medical Society of New Jersey.)

**Trichinæ (Pork Worms or Flesh Worms.) How to detect them; and how to avoid them. Being a popular account of their habits, modes of propagation, and means of dissemination. Intended for the use of farmers, butchers, pork dealers and consumers of pork.** By John Phin. (Rochester: Bausch and Lomb Optical Co. 1881.)

**Glaucoma, caused by Mental Worry, illustrated by the Report of a Case.** By Leartus Connor, A. M., M. D. (Reprint from the *Detroit Lancet*, July 1881.)

**Stenosis of the Larynx, with Fibrous Adhesive Bands of the True Vocal Cords; Tracheotomy, Rupture of Bands and Cure of Stenosis by General and Local Treatment. Some Remarks concerning the Value of the Galvano-Cautery in Treatment of Diseases and Growths of the Naso-Pharynx.** By W. H. Daly, M. D. (Reprinted from the Transactions of the American Medical Association for 1880.)

**Tubercular Laryngitis or Laryngeal Phthisis.** By C. H. Lundy, M. D. (Reprinted from *The Physician and Surgeon* Feb. 1881.)

Observations with the Hæmacytometer, upon the Globular Composition of the Blood and Milk. By Fredrick P. Henry, M. D. Being the Cartwright Prize Essay.

The Remedial Properties of the Hot Springs, Ark, Also a Brief Consideration of the Locality as a resort for Phthisical Invalids. By Chas. H. Lathrop, M. D. (St. Louis: 1881.)

Forty-fifth Annual Announcement of the Medical Department of the University of Louisville. Session of 1881-82.

Announcement and Catalogue of the St. Louis College of Physicians and Surgeons. Session 1881-82.

Thirty-ninth Annual Announcement of Rush Medical College, Chicago. Session 1881-82.

Announcement of the Twenty-first Annual Course of Instruction at the Bellevue Hospital Medical College. Sessions of 1881-82.

Sixty-first Annual Catalogue and Announcement of the Medical College of Ohio, Cincinnati. Session of 1881-82.

Second Annual Announcement and Catalogue of the Northwestern Medical College of St. Joseph, Mo. Session of 1881-82.

Announcement of the First Annual Session of the Medical Department of the University of Denver, Col. Session 1881-82.

Sixth Annual Announcement of the Medical College of Fort Wayne, Ind. 1881-82.

The Annual Announcement of the Department of Medicine and Surgery of the University of Michigan for 1881-82.

Forty-First Annual Announcement of the Missouri Medical College, formerly known as, "Mc Dowell College" St. Louis. Session 1881-82.

Twelfth Annual Announcement and Catalogue of the Woman's Medical College of Chicago. Session of 1881-82.

Annual Announcement of the St. Paul Medical College, Medical Department of Hamline University.

First Annual Announcement of the Medical Department of Kansas City. Session 1881-1882.

Post-Partum Atrophy of the Uterus. By Walter Coles, M. D. (Reprint from the *St. Louis Courier of Medicine*, August, 1881.)

## News Items.

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### ARTICLE XLII.

The following physicians crossed the Atlantic in the Steam Ship Egypt as delegates to the International Medical Congress. Dr. G. W. Avery of Hartford, Conn., delegate from the Hartford Med. Society; Dr. Horace P. Farnham of New York City, delegate from the New York Academy of Medicine; M. S. Dean, D. D. S., and A. W. Harlan, D. D. S., delegates from the Illinois Dental Society; Dr. M. C. Husted, delegate from the Am. Med. Association; Dr. Thos. F. Rumbold, delegate from the St. Louis Medical Society, also as delegate to the British Medical Association.

We received too late for mention in the August number of the JOURNAL a copy of the provisional programme of the International Medical Congress, and catalogue of Wm. Wood & Co's., publications. It is in a blue satin cover, gilt edged and altogether a very handsome little book, and well worthy of preservation as a memento of the occasion on which it was presented. Messrs. Wood and Co., have exhibited an amount of enterprise and good taste that will reflect honor on our American brethren abroad, and do credit to American publishers.

Brother Reynolds shake hands, we knew you would do it sometime or other, and it seems it has come. We are glad to *herald* the joyful tidings to our brother Ed's. The question at present agitating our manly breast is, will it be a boy or a girl?

Joseph Skoda, professor at Vienna and one of our foremost scientists, died June 13, 1881, aged 76.

Maurice Raynaud the distinguished French surgeon died lately. A paper prepared by him for the International Medical Congress, was read by one of his former colleagues.

The *Indiana Medical Reporter* some time since was transferred to Chicago, but it did not seem to flourish there. It was quietly buried and then resuscitated under the name of *The Western*

*Medical Reporter*. It is continued in the same style and is merely a change in name.

We have received the initial number of Martin's *Chemists' and Druggists' Bulletin*. It is quite a sprightly looking monthly and is neat in appearance. It is published by the same firm that introduced Martin's ready printed perforated addresses. The publication is issued to the drug trade gratis and reaches the amount of 80,000 monthly. This is very liberal on the part of the publishers and, no doubt, advertisers will patronize liberally such a good advertising medium.

The fifth annual meeting of the American Dermatological Association was held in Newport, Rhode Island, on August 30th and 31st, and September 1st.

The Saint Louis Medical Society, after a vacation during the summer months will meet again Saturday evening Sept, 10. It is hoped that a large attendance, for the remainder of the year, will be secured.

The Tri-State Medical Society of Illinois, Indiana and Kentucky meets in this city Oct. 25, 1881. There is no doubt that a large number will attend and that this will be one of the most successful meetings of that body ever held.

The latest novelty in appliances that we have heard of is celluloid eyes to replace the artificial eyes formerly made. The suggestion comes from a dentist in Berlin, who will make them, if he meets sufficient encouragement.

The march of improvement is going on. The St. Louis Medical College is building a fine dispensary; the Missouri Medical College is engaged in the same laudable enterprise; and we learn that the Female Hospital is to be open to Students this coming winter. Clinics are to be held there several times a week and a large amount of valuable material will thus be brought into use.

The American Ophthalmological Society held its Seventeenth Annual Meeting at Newport, R. I. July 27 and 28, the meeting being quite a successful one.

The American Otological Society held its Fourteenth Annual Meeting at the same locality on July 26, a number of valuable papers being contributed.

The Tri-State Medical Society, representing the states of Illinois, Indiana and Kentucky, holds its fifth annual session in the city of St. Louis on the 25th, 26th and 27th days of Oct. next. This is in response to an invitation extended to the society from the visiting St. Louis members at the Louisville session a year ago. This organization has no other object than the improvement of medical and surgical science. All political, sanitary and social questions are considered without its scope. It does not so much as have a constitution and by-laws, but entrusts the conduct of its affairs to the discretion of its chairman and committee of arrangements. Its sessions are not encumbered with any "extraordinary business", nor business of any kind, except the reading and discussion of papers. As a consequence of this arrangement the proceedings of each of its sessions, have been sufficient to form a handsome volume of from three to four hundred pages. There is every reason to expect that the coming session will be fully up to the past record. This however will depend largely upon the sympathy and coöperation extended by the profession of St. Louis. The profession at large has a standing invitation to participate in the proceedings. Not only to partake in the discussions, but also, in the reading of papers. All papers are required to be limited to the time of twenty-five minutes. A number of men prominent in the profession have signified their intention to be present at the St. Louis Session.

F.

**CORRECTION.**—Our Stenographic reporter committed an error in making Dr. Wessler say that Dr. Wm. Pepper read a paper on "Vaccination" (p. 182); it should have been that Dr. Pepper read the opening address in the Section on Practice of Medicine.

## ARTICLE XLIII.

## DEATHS AND RATE OF MORTALITY

*Per 1000 Inhabitants, Annually, in the Largest American and Foreign Cities,  
According to the Latest Returns.*

CITIES.	Population.				
New York.....	1,906,577	Week Ending Aug. 6,	888	36.2	.....
Philadelphia.....	846,960	" " "	386	24.5	.....
Brooklyn.....	506,689	" " "	401	36.9	.....
St. Louis.....	350,523	" " July 30,	168	24.7	.....
Chicago.....	503,304	" " Aug. 6,	511	54.6	.....
Baltimore.....	333,180	" " "	"	"	.....
Boston.....	302,555	" " "	197	28.3	.....
San Francisco, Cal....	233,956	" " "	72	16.1	.....
Cincinnati.....	253,708	" " "	142	29.0	.....
New Orleans.....	208,140	" " "	93	22.1	.....
Buffalo.....	155,137	" " "	113	21.1	.....
Cleveland.....	180,140	" " "	126	21.1	.....
Washington, D. C....	180,000	" " "	110	23.2	.....
Pittsburgh.....	156,381	" " "	107	35.7	.....
Newark.....	136,400	" " "	107	29.6	.....
Detroit.....	116,342	" " July 2,	47	"	.....
Milwaukee Wis.....	115,676	" " Aug. 6,	80	36.1	.....
Richmond Va.....	83,808	" " "	45	36.6	.....
New Haven, Conn....	62,882	" " July 30,	22	18.2	.....
Charleston.....	49,999	" " "	31	29.8	.....
Memphis, Tenn.....	33,593	" " Aug. 6,	23	36.7	.....
Mobile.....	31,305	" " "	24	40.1	.....
Boulder, Col.....	3,060	" " "	2	34.0	.....
Galveston.....	22,252	" " "	9	21.1	.....
Indianapolis.....	76,074	" " "	40	27.8	.....
Springfield, Mass....	33,340	" " "	25	39.1	.....
Nashville, Tenn.....	43,461	" " July 30,	29	24.1	.....
Sacramento.....	21,500	" " "	"	"	.....
St. Paul, Minn.....	41,486	" " Aug. 6,	35	43.6	.....
London.....	3,707,130	" " July 23,	1,943	26.6	66.4
Paris.....	1,988,806	" " " 30,	1,259	32.0	"
Berlin.....	1,128,571	" " " 16,	1,063	49.2	69.1
Vienna.....	1,111,111	" " " 23,	287	27.6	72.1
Buda-Pesth, Hung....	370,037	" " June 23,	292	36.9	.....
Shanghai.....	3,000	" " June 18,	255	24.2	.....
Cape Town, Africa....	11,000	" " July 11,	27	40.2	64.7
Liverpool.....	549,834	" " "	267	24.9	.....
Genoa, Italy.....	185,000	" " " 23,	43	23.9	84.7
Calcutta.....	429,586	" " " 2,	162	19.6	84.1
Hamburg (state).....	400,000	" " " 9,	198	25.8	.....
Warsaw, Russia.....	379,763	" " " 16,	243	33.8	66.7
Brussels.....	406,638	" " " 23,	198	22.1	.....
Stockholm, Sweden....	178,433	" " " 9,	66	19.8	58.6
Dublin.....	323,401	" " " 16,	136	22.2	.....
Lyons, France.....	342,815	" " " 2,	196	22.3	.....
Amsterdam.....	316,952	" " May 25,	65	22.8	.....
Sheffield.....	304,988	" " July 16,	109	22.2	69.2
Leipzig, Saxony.....	151,618	" " " 23,	90	30.8	.....
Breslau.....	273,000	" " " 16,	232	43.3	67.1
Copenhagen, Den.....	235,254	" " " 19,	100	22.1	64.7
Christiania, Norway....	120,000	" " " 2,	31	13.4	59.2
Alexandria.....	230,000	" " " 16,	123	31.0	.....
Dresden.....	280,218	" " " 16,	111	29.0	66.3
Bradford.....	197,196	" " " 23,	53	14.7	.....
Seville, Spain.....	139,000	" " June 25,	75	18.4	.....
Tangier, Morocco.....	15,000	" " July 16,	14	48.7	79.6
Rouen, France.....	104,209	" " " 30,	65	32.4	.....
Dundee.....	156,100	" " " 16,	17	19.1	63.1
Geneva, Switz.....	50,233	" " " 9,	22	16.5	.....
Prague.....	333,401	" " June 23,	167	33.4	68.4
Havana.....	185,457	" " July 30,	179	46.0	84.0
Vera Cruz, Mexico....	20,000	" " May 21,	155	41.4	0.06

METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—AUG., 1881.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum.
1	70.5	92.5	18	76.0	93.0
2	72.5	95.0	19	76.5	87.5
3	75.0	97.5	20	72.5	86.0
4	74.5	98.0	21	69.0	85.5
5	78.0	97.5	22	66.5	86.0
6	79.0	96.5	23	69.5	91.5
7	75.0	89.0	24	71.0	93.0
8	67.5	89.0	25	74.0	94.5
9	77.0	102.0	26	74.0	98.0
10	80.0	99.0	27	76.0	100.0
11	80.0	101.0	28	76.0	98.5
12	82.0	104.0	29	79.0	92.5
13	77.0	89.5	30	71.5	91.5
14	70.0	82.0	31	76.0	93.5
15	65.0	86.5			
16	66.0	90.5	Means.....	78.7	93.4
17	68.0	95.0	Monthly Mean.	83.5	

Quantity of rain, 0.24 inches.

MORTALITY REPORT.—CITY OF ST. LOUIS.

FROM JULY, 9, 1881, TO AUG., 27, 1881, INCLUSIVE.

Heat Stroke..... 101	Childbirth..... 5	Convulsions & Trismus Neonatorum..... 127	Syphilis..... 2
Scarlatina..... 12	Inanition, Want of Breast Milk, etc..... 42	Hydrocephalus and Tub. Meningitis..... 18	Apoplexy..... 20
Pyæmia & Septicæ..... 5	Alcoholism..... 17	Meningitis & Encephalitis..... 65	Dis. fem. gen. org. 5
Erysipelas..... 4	Rheumat'm & Gout 1	Other Diseases of the Brain and Nervous System..... 90	Surgical Operation 0
Diphtheria..... 13	Cancer and Malignant Tumor..... 25	Cirrhosis of Liver and Hepatitis..... 28	Premature Birth 0
Membran's Croup. 2	Phthisis & Tuberculosis, Pulmon..... 138	Enteritis, Gastro-enteritis, and Gastritis'..... 54	Deaths by Suicide 15
Whooping Cough. 23	Bronchitis..... 16	Bright's Disease and Nephritis..... 12	Deaths by Accid't 64
Ovarian tumor..... 0	Senility..... 29	Other Diseases of Urinary Organs. 2	Deaths by Homicide 9
Measles..... 0	Pneumonia..... 36	Diabetes..... 0	Deaths by Congen Defor'ty.. 76
Typhoid Fever..... 37	Heart Diseases..... 48		Total Deaths from all Causes..... 1766
Cerebro Spinal Fev..... 19	Other Diseases of Respir'y Organs 18		Total Zymotic Diseases..... 675
Remittent, Intermittent, Typho-Malarial, Congestive & Simple Contin'd Fevers, 84	Caries..... 1		Total Constitutional Diseases..... 271
Puerperal Fevers.. 15	Marasmus—Tabes Mesenterica and Scrofula..... 94		Total Local Diseases..... 621
Diarrhoeal Disea's..... 392	Other Const. Dis. 6		Total Develop'tal Diseases..... 111
Other Zymotic Diseases..... 8			Deaths by Viol'ce 88

CHAS. W. FRANCIS, Health Commissioner.



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**Original Contributions.****ARTICLE XLIV.**

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**NOTES OF CASES IN GENITO-URINARY SURGERY.****—CASE No 1.—**

**CHRONIC GLEET.—STRICTURE OF LARGE CALIBRE AT THE BULB. PROSTATO-CYSTITIS.—DEEP INTERNAL URETHROTOMY.—PYÆMIA.—EIGHTEEN ABSCESSSES OPENED.—PURULENT EPIDIDYMITIS.—RECOVERY.** By W. HUTSON FORD, A. M., M. D., of St. Louis.

April 5, 1880.—L. D., æt. 29, unmarried; very thin, though tall. Had a gonorrhœa followed by a gleet of six months' duration when at college eight or ten years ago. Had practiced masturbation before this while a boy. Has had prostatorrhœa for years. Is an express company's agent.

Complains of listlessness, easy confusion of ideas, loss of power of attention and memory; weight in the perineum, and pain sometimes after making water; easy fatigue. He is chronically bilious; the tongue is constantly furred, and the bowels occasionally constipated. His venereal desires he says are very strong, but he is oppressed and very much exhausted by the venereal act, even when done once a month.

The urine is shreddy, turbid and deposits muco-pus. The prostate is smaller than normal, but in the mesial line painful on pressure; the bulbous portion of the urethra is more especially painful. Careful search failed to detect stone in the bladder. Measured calibre of urethra 34 or 35. B. B. 35 passes meatus and shows a ring of contraction  $\frac{3}{4}$  of an inch down.

B. B. 25 barely passes the bulb with much pain.

The bulbous region as well as the prostate is exceedingly hypersensitive, indeed the entire urethral tract is abnormally sensitive. Being made to pass his

water in separate portions, I found that the first ounce contained shred and strings of mucus (chronic subacute gleet)

Stricture of large Calibre at the Bulb.

while the balance of the urine gave a perceptible deposit.

Sp. gr 1.030; very acid; no albumen; color good.

Chronic  
Gleet. Ves-  
sical Cat-  
arrh.

April 8th. C. S. 29 passed through the bulb with tolerable ease. This contraction will be divided by internal urethrotomy.

The patient during the past two years had submitted himself to the care of a number of general and special practitioners and had had his stricture dilated with conical sounds up to the existing calibre. Beyond this it had not been possible to advance on account of the general irritability of the urethral canal, especially beyond the deep stricture, and the prostatic and vesical inflammation. After I had determined by the careful use of sounds during two weeks, that it was hopeless to anticipate any benefit from their employment, I informed the patient that nothing short of internal section of the deep stricture, could result in a permanent cure. To this proposal he assented though not without some misgivings. The patient who was naturally a very courageous man, and who gave continual evidence during his prolonged illness of extraordinary resolution, was greatly run down at this time, having lost some twenty or thirty pounds of his former weight. His nervous system had necessarily suffered very greatly in tone, as is so frequently seen in patients of this class. His general condition was therefore decidedly unpromising, but as the case was evidently fast getting worse and, as he insisted upon prompt action at my hands, after a few days of preparation the proposed operation was performed.

April 10th. 6. p. m. Internal urethrotomy at the bulb with Otis dilating urethrotome to 40 on the floor of the urethra. B. B. 33 then passed easily. Cold compresses to perineum. Recumbency. Absolute diet. Adjusted a perineal crutch.

9. p. m. Found him bleeding smartly from the penis. The perineal crutch has not prevented blood from flowing back into the bladder. Penis splinted. Perineum tightly packed. Strict dorsal recumbency.

Hæmorrh-  
age.

April 11th. Passed water at 3 a. m. very bloody. The blood came with a gush from the end of the penis. The perineal crutch was applied still more carefully; penis splinted. Cold compresses to the urethra. Strict dorsal decubitus. Quinine gr. v every 3rd hour.

Recurrence  
of Hæmor-  
rhage after  
9 hours.

———12 M. Aspiration of some bloody urine over pubes to 11½ ounces. Bleeding in abeyance.

———9 P. M. Aspiration of bloody urine to 11 ounces. The perineal crutch does not prevent blood from passing backward into the bladder, though no blood escapes anteriorly. Had some chilly sensations about 5 P. M. Pulse and temperature quite natural. Perineal crutch more carefully applied, being more tightly packed over and behind the bulb. Aspiration.

April 12th. 9 A. M. Aspiration to 10 ounces. No rigor, doing well. Aspiration.

———4 P. M. Insisted on passing water by the urethra although he was enjoined to wait until I came to aspirate. Got out of bed and squatted over a *pot de chambre* to do so. I arrived just as he had finished passing some bloody urine. During the visit, and not more than ten or fifteen minutes after he had violated my directions in this important respect, he had a prolonged rigor. Ordered veratrum gtt. iv every one and a half hours until three doses were taken, and ten grains of quinine. Rigor.

———8 P. M. Has passed some bloody urine again. Has vomited. Has had no continued hemorrhage. Cold compresses to perineum. Calomel ipecac, and opium. Quinine and veratrum, p. r. n. temp. 104°. No further Hemorrhage. High Temperature.

April 13th. 9 A. M. Vomited during the visit. Passed urine which is but slightly tinged with blood. No bleeding by the penis. The urine is very offensive. Pulse 64. Temp. 99°. Rochelle salts.

———9 P. M. Pains in the lumbar regions and abdomen. Some occipital headache. Inappetence. Pulse 72. Temp. 102½° continued veratrum, p. r. n. Cinchonidia gr. ij every third hour.

April 15th. Urine clear. Pulse 64. Temp. 100½° c. s. 29 and c. s. 32 passed. No bleeding. Ordered a saline diuretic; cinchonidia at the rate of 30 grains in twenty-four hours. A little Rochelle salts, as the bowels show a tendency towards constipation. No more veratrum. Sound passed on the fifth Day.

———7 P. M. Pulse 60. Temp. 100°. No bleeding. Continue.

**Early Symptoms of Pyæmia.** April 16th. Complains of fugacious muscular pains in the left arm and left axillary muscles. Great malaise. Ordered Salicylate of Soda, grs. xv every two hours.

**Sound Passed.** ———8.30 P. M. The pains are more disseminated and more severe. Chloroform liniment to the painful muscles. Cholagogue pill at bed time. Ol. Ricini in the morning. Continue the salicylate.

April 17th. c. s. 33 passed. Ol. Ricini has produced copious bilious stools.

**General Muscular Pains.** ———7 P. M. The muscular pains are becoming general, affecting the arms, thighs, pectorales and serrate muscles. There is much pain in the abdomen of a griping twisting character, and considerable weakness. Ordered, an emetic of ipecac, and three or four doses, at two hour intervals, of twenty grains of Salicylate of Soda. Pulse 76; temperature but little elevated.

**Pyæmic Abscesses.** April 25th. The pains in the muscles have become localized at spots where red erysipelatous patches are apparent. Under these patches, abscesses in the muscles and subcutaneous and inter muscular areolar tissue, plainly pyæmic, have formed. Quinine and muriated tincture of iron, both in large doses have been administered, and salicylate of soda in twenty grain doses, with beef tea as nourishment. The temperature has remained at about 100½° varying from 100° to 102°. This morning the temp. was 103°. The abdomen is very tympanitic.

**Tympanites.** The abscesses have been opened at the very earliest moment; as soon indeed as the first nodulation in the tissues became noticeable, being thoroughly evacuated and washed out with a 2½ per cent. carbolic lotion. Drainage tubes were inserted into all the cavities except those just under the skin and of very small size, and indeed into many even of these. The cavities have been regularly washed out once a day with the carbolic lotion—covered with borated lint smeared with benz. oxid. zinc. ointment and this with oakum. No trace of foetor has ever been noticed about any of these abscesses.

As yet, no joints have become affected; he has had no chill or even chilly sensations since the one on the 12th. His intelligence is perfect and spirits good. An abscess has been opened around both elbows, one on each arm, one on the left buttock, one on the thigh, one at the inferior angle of the left scapula. His appetite, hitherto good, seems to be failing. Dr. Miller saw him with me at this time.

No further  
Rigors.  
Seven Ab-  
scesses  
Opened.

—9 P. M. Temp. 104°. Ordered a resumption of the salicylate of soda. He is taking five grains of sulphate of quinine with forty minims of muriated tincture of iron in dilute phosphoric acid every four hours, alternating with a mixture containing twenty grains of salicylate of soda to the dose, also every four hours. Beef tea: milk and lime water.

High Temp

April 26th. Seemingly not very weak. Temp. 102°. Opened an abscess on the outer margin of the right thigh. In opening these abscesses the overlying skin is always first washed in a 2½ per cent carbolic solution and so likewise was everything that came in contact with the wound. Not one of these abscesses, ever became in the least degree putrid, never exhaling any unpleasant or even perceptible odor.

Eighth  
Abscess.  
Antiseptic  
Precautions

Opened an abscess also on the outer aspect of the left arm. Both of these abscesses were just under the skin. All the other cavities are washed out daily with carbolic lotion and carefully dressed with borated lint and oakum and firm compression applied. Continue the quinine, iron and salicylate. Beef tea and egg-punch. Meteorism.

Ninth  
Abscess.

April 27th. Abscess washed out: no new ones observable. At 12 M, temp. 102½°, at 9 A. M. Temp 100°.6, pulse 82. Continue medication and nourishment.

April 28th. 12 M. Pulse 82; temp. 101½°; very weak; wandering delirium. No new abscesses. Those existing syringed out. Quinine mixture every four hours, salicylate grs viij, and grs viij of carbonate of ammonia every four hours alternately with the other mixture. Beef-tea and egg. Stimulus given in increased quantity and systematically.

Prostration  
and Deliri-  
um.  
Increase of  
Stimulus.

———9 P. M. Pulse 82; temp. 101°. Muttering delirium. Pulse stronger and full. Respiration shallow. He is exceedingly weak. Stimulus in moderation. Continue all medication. Dose of castor oil in the morning to relieve the torpor of his bowels and the meteorism.

Meteorism.  
Tenth  
Abscess.

April 26th. 11 A. M. Abscess cavities syringed out as usual. Another abscess on the left arm apparently connected with one already opened emptied and syringed out. The older cavities no longer secrete pus. (Influence of the carbolic lotion as an anti-pyogenic agent, together with the relief of tension, and antiseptic dressings). Some of the incisions seem inclined to granulate. The oil has acted twice, the meteorism decidedly diminished. Pulse 82; temp. 102°.

———7 P. M. Temp. 101½°; Pulse 80. He seems a little better. Can take a full inspiration without pain. He is stronger. Ordered gtt vj ol: terebinth: every four hours as an addition to his salicylate and ammonia mixture.

April 30th. 11 A. M. All of the abscess cavities have ceased to secrete pus. He is more rational. An epididymitis has appeared on the right side. Pulse 84. Temp. 101½°. Suspension of the testicle and belladonna and oleate of mercury ointment.

Right Epi-  
didymitis.

———9 A. M. The bowels are constipated and the puffiness of the abdomen is increased. Pulse 82; temp. 102°. Order a few mercurial pills. Ol. Ricini in the morning.

Sudamina.  
Free Stim-  
ulation.

May 1st. 11 A. M. A plentiful crop of sudamina has made its appearance on the neck and shoulders. Intelligence perfect. No disposition towards somnolence. Pulse 72 and weak; temp. 101½°. Continue all medicine. Stimulation increased to a tablespoonful of whiskey every two hours.

———9 P. M. Quite rational; no evidence of inclination towards sopor; reduction of the salicylate of soda and turpentine mixture to half doses.

May 2nd. 11.30 A. M. Opened another abscess, situated in the left arm over the head of the flexor carpi radialis. There is another one forming on the thigh. Temp. 100°.6: pulse 72.

Eleventh  
Abscess.

———8 P. M. Temp.  $101.8^{\circ}$ ; pulse 80. Testicle no worse. Several small actions. Continue all medicine, etc.

May 3rd. 11 A. M. Opened an abscess on the left thigh just under the sartorius, at the inferior angle of Scarpa's triangle. Intelligence quite clear; bowels tympanitic. Tongue red, free of induritus and moisture. Pulse 84 and good; temp.  $101\frac{1}{4}^{\circ}$ . Oil given this morning has not acted. Cont.

Twelfth  
Abscess.

———9 P. M. Bowels moved twice to-day. Tongue moist. Testicle more swollen and very painful. Pulse 84; temp.  $101^{\circ}$ . Continue medicine and diet.

May 4th. Opened another abscess on the right thigh. His condition is distinctly better.

May 5th. Pulse 80; temp.  $100^{\circ}$ .

Thirteenth  
Abscess.

———8 P. M. Pulse 72; temp.  $101^{\circ}$ . Ol. ricini has acted well to-day, producing very copious and almost purely bilious stools. Stimulus increased to a tablespoonful and a half of whiskey every two hours day and night. Cont.

May 6th. Morning; temp.  $101\frac{1}{4}^{\circ}$ . Evening; temp.  $101^{\circ}$ . Cont.

May 7th. 11 A. M. Ol. ricini acts well. Temp.  $101^{\circ}$ .

———8 P. M. Temp.  $99\frac{1}{4}^{\circ}$ ; pulse 72. Testicle quite painful. The urine is quite clear. There is no pain on urination. Altogether he feels better. Takes milk and lime water and beef-tea and whiskey in increased quantity as noticed on the 5th inst. The iron is discontinued, but the quinine persisted in, in alternate doses with the ammonia, salicylate and turpentine mixture.

Improve-  
ment.

May 8th. Pulse 76; temp.  $99\frac{1}{4}^{\circ}$ . Testicle very painful.

May 9th. He is apparently doing well. Morning. Pulse 76; temp.  $101^{\circ}$ : Evening. Pulse 72; temp.  $99\frac{1}{4}^{\circ}$ .

May 10th. Continues to do well. Bowels are systematically moved, though with caution.

———8 P. M. Complains of great weakness. Pulse 90; temp.  $101^{\circ}$ .

May 11th. Testicle strapped. Opened a large abscess over the right tuber ischii, and washed out its cavity thoroughly with carbolic acid. Pulse 95; temp.  $99\frac{1}{4}^{\circ}$ .

Fourteenth  
Abscess.

May 12th. Has recovered from the depressing effects of the abscess. Extremely emaciated. Takes

milk-toast three times a day. Last night resumed his quinine iron and turpentine with carbonate of ammonia mixture. The stimulation is free p. r. n. Beef-tea and egg-nogg, at 8 p. m. temp.  $99\frac{1}{4}^{\circ}$ ; pulse 84.

**Fifteenth Abscess.** May 16th. Opened a large abscess under the rhomboidei and superior angle of the right scapula, a very difficult part to deal with.

**Sixteenth Abscess.** May 20th. The compression of the testicle has to be discontinued in consequence of the formation of an abscess, very probably in the epididymis. This abscess was opened and washed out as usual with carbolic acid, compression being applied as well as the parts would admit of. He is doing well. All the abscesses are healed except the one lanced on the 16th of May, and this is nearly well.

**Seventeenth Abscess.** May 26th. The testicle is greatly better. It is much reduced in size, and scarcely painful at all at present. A large abscess, which had formed very insidiously on the inner aspect of the left thigh, outside of the femoral artery, holding six or eight ounces of pus, was opened to-day. No injection of carbolic lotion was practised for fear of forcing the injection widely among the muscles of the extremity. Antiseptically dressed, and drainage tubes inserted.

May 28th. Abscess on leg washed out with a carbolic lotion. Another small abscess is detected by palpation situated on the dorsum of the left scapula in the infra-spinous fossa.

**Eighteenth Abscess.** June 14th. The abscess on the scapula seems to have disappeared. Another one, however, of large size has formed deep in the left popliteal space, and was opened to-day. A large quantity of thin pus escaped. The inflammation and swelling due to this abscess, has prevented extension of the knee more than to  $120^{\circ}$ , and suggested to the patient fears of false ankylosis of the joint. In this however the patient and his friends were disappointed.

**Impairment of Hearing in Left Ear due prob'ly to Pyogenic Myringitis.** July 1st. The knee now straight again. The abscess puncture was healed. The patient is out. Hearing in the left ear is very much impaired. The sinus in the scrotum still persists. He shortly after this left on a visit to a friend in the country.

Aug. 10th. Has just returned from the country,



when he had an attack of malarial fever. The c. s. 33 he took with him has not been passed, but now enters easily. The left knee-joint is perfectly restored. The hearing in his left ear is a little better, and will improve, he is told by an aurist, by treatment. The right testicle is reduced to one-third of its original bulk, but the sinus has closed. Atrophy of the Testicle. The result proves the abscess opened within the scrotum to have resulted from a suppurative epididymitis, or that occlusive inflammation of the body and globus minor of the epididymitis was excited by an abscess in its immediate vicinity, either in the testicle itself or primarily in the cord or tunica-vaginalis.

Aug. 17th. c. s. 33, 34 and 35 passed without any difficulty at all.

Sept. 13th. Has been in the country and has not passed the sound during his absence. C. s. 35 passes with ease. There is so much irritability of the prostate that it is determined to administer an injection of nitrate of silver. Sound Passed.

Sept. 14th. 2 p. m. C. s. 35 passed. It creates an ardent desire to micturate, which cannot be restrained and the urine is expelled by the side of the sound.

———7.30 p. m. Half a drachm of a solution of nitrate of silver of the strength of  $\text{3i}$  to  $\text{3j}$  is injected into the prostate by means of my improved catheter syringe. A preliminary enema of  $\frac{1}{4}$  grain of morphia had been given. The pain and ardor urinæ were very severe for twenty minutes, then declining. Ordered a suppository of morphine and belladonna at bed time. Injection of Strong Sol. of Nitrate of Silver into the Prostate.

Sept. 16th. Has passed urine very frequently, and at each time some blood, since the injection.

Sept. 19th. No more blood for a day or two. Has a severe bilious attack with headache.

Sept. 22nd. Is well again and will leave for Eureka Springs at once.

July 3rd. The patient has not been seen since, but is heard from. He regained health and strength absolutely, became stout and perfectly well, and is to be married in few months. Sends me a similar case from the springs, for treatment.

ARTICLE XLV.

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QUININE AMAUROSIS. By WM. DICKINSON, M. D., of St. Louis.

In the September issue of this JOURNAL, in his Report on Ophthalmology and Otology to the late meeting of the Illinois State Medical Society, Dr. F. C. Hotz is represented as stating, "Quinine Amaurosis, blindness from overdoses of Quinine is among the new discoveries."

The term "new" may have a relative signification, so also its opposite *old* but no one can arbitrarily determine the line of demarcation between them. During the period of a few years just past, every department of medical science has made unprecedented advances, much that was vague has been distinctly defined; hypotheses have been proved to be untenable and exploded, or, having successfully passed the ordeal of demonstration have been incorporated in the grand structure of medical lore; and much, that formerly was accepted as fact having been shown to be specious and false, has been eliminated and consigned to oblivion. All these transmutations, substitutions and accessions, numerous and important have been made in so brief a space, that the discoveries new, a half decade since, must to day be regarded as old. Reports to societies holding annual sessions are usually understood to embrace new facts or new relations of old ones observed, or discoveries of value which have been made during the preceding twelve months. If this limitation shall obtain, then the term "new" in the connection in which the Doctor employs it can have no scientific verity: and as one senator said of another, "if he designed to state that which was not true, he has been remarkably successful." Why does he ignore the records? To suppose him ignorant of the testimony of the authors of our most popular treatises would not be complimentary. Wells in the First American Edition (1869) p. 411, distinctly alludes to the observed fact that in rare instances quinine produces amaurosis; and in the corresponding edition of Stellwag 1868 p. 668, the author alludes to two cases of amau-

rosis produced by large doses of quinine, reported by Graefe. From these references it will be observed that more than twelve and even thirteen years have elapsed since this *new discovery* was recorded.

This criticism is incidental and preliminary to the narrative of a case of "quinine amaurosis" occurring under my own observation and treatment. Before proceeding to it I will refer to a case of a similar character reported by Chas. E. Michel, M. D. St. Louis, and published in that classic repertoire, *Archives of Ophthalmology*, June '81. Only the salient features of which I do propose to give. This patient a man 58 years of age residing in the country was attacked Feb. 2nd 1880 with intermittent fever had been treated with large doses of quinine having taken forty grains on the first day; fifty grains on the second and became suddenly and totally blind on the night of the third day, one hundred grains had been taken during the five hours immediately preceding the moment when vision was extinguished "just as if you had blown out a lamp." He was also rendered very deaf, the deafness continued more than ten days; from this he has partially recovered, but has never fully regained his former acuity of hearing; when first seen by Dr. M. March 2nd. 1880, the patient had "no perceptions of light; arteria centralis retinæ, barely visible as minute threads, which could not be followed far from the region of the disc; veins less than half their normal calibre; choroid pale. He chews tobacco freely but does not smoke; is temperate; drinks neither tea nor coffee habitually. No history of syphilis or rheumatism."

"Five years previously had an attack of *coup de soleil*, and since that time has not been able to expose himself in hot weather" without being oppressed at once. The intrinsic potential cause of blindness Dr. M. attributed "to spasmodic contraction of the musculature of the arterial walls" of the vessels of the fundus. From the observed effect of Nitrate of Amyl in producing cerebral turgescence, this agent was employed but without obvious benefit to vision or effect upon the blanched discs: also Tr. Ferr. Chlor. and Pill composed of Phosphorus and Ext. Nucis Vom. A mild galvanic current (descending) to the sympathetic and also to the eyeballs was applied daily. After the persistence of this course of treatment for a week. March 9th '80, "the patient thought he perceived a glimmering of light." March 21st. The patient's general health had much

improved, but there was no improvement in vision, nor was any perceived on April 1st, when he was allowed to return home. Still remaining under the medical supervision of Dr. M. Two weeks after reaching home, some improvement was observable and again a little in August, when he began to steadily improve. About the middle of October he was able to locate the handle of a tin dipper held by some one near him. \* \* \* "By the first day of November sufficient central vision had been re-established to enable him to read words in a newspaper, a few at a time."

The patient was again seen by Dr. M. Feb. 9th. '81: the former thinks his vision has not improved during the last three months. Feb. 14th appearance of fundus had improved in vascularity and coincident with it a little improvement in vision.

June 15th. The extent of the field of vision with the right was, vertical, *eleven* inches—horizontal, *seventeen* inches; with left, vertical, ten inches; horizontal; twelve inches. Pupils respond promptly to light. No change in fundus of eye, taken from a record made at the time.

My own case occurred in a lad of ten years of age, enjoying good general health. He had a chill Aug. 3rd, 1872, again on the 5th and 7th. During the intervals, his father, at his own instance, gave him quinine, in the aggregate (he thinks) about thirty grains. The chilly stages were not notably severe, but the febrile were characterized by powerful reaction, during the continuation of which the patient complained of pains in his eyes; he was also delirious for one half or three quarters of an hour. On the morning of the 11th he observed his vision was much impaired and complained of its being dark, yet to some extent he played with the other children during the day. On the 13th his vision had so much diminished that it was with great difficulty he could perceive his food. His vision continuing to decline, in a day or two he lost all perception of objects and even of the light of day. He occasionally perceived flashes of red light, and experienced pain in the occiput, extending from thence on each side forward to the external canthus of each eye, also pain in the neck and back. By the family physician he had been very judiciously treated, but when presented to me Aug. 22, he was in the condition of total blindness; even the bright light of a gas jet admitted to the eye at a short distance was not perceived. He presented the characteristic amaurotic stare; external appear-

ance of the globes was normal; pupils were dilated and in no degree reacted to the access of strong light. With the ophthalmoscope all the dioptric media were found to be intact and transparent, but there was detected marked congestion of the retinal and choroidal vessels, together with a remarkable tumefaction of the optic disc; it appearing swollen and pushed forward prominently with the vitreous. Its condition was very similar to that denominated "stanungs papille" "choked disc," the usual con-comitant or result of neuro-retinitis. A stasis of the blood had been occasioned, in which the lamina cribrosa had especially participated. This was due to intra-cranial obstruction to the circulation: perhaps to pressure upon the cavernous sinus, preventing the ready flow into it of the vena centralis, or in consequence of this stasis, effusion of vascular contents had taken place between the optic sheaths, which space communicates with the sub-arachnoid space, the resulting effect of all being at first partial, and afterward complete, impediment to the conductivity of visual impressions by the optic nerve. It may have been due to pressure upon the optic chiasm, caused by accumulation of fluid in the ventricles, either exerted directly upon it or by excess in distension of the recessus or cavity in the corpus callosum, discovered by Michel, from fluid communicating with the same ventricles. The agent, in the production of the phenomena determining blindness, was quinine, its effect being primarily to stimulate the vaso-motor fibres of the sympathetic, and secondarily to paralyze them. Hence the passive congestion, stasis etc. It must be granted that this patient possessed an abnormal susceptibility to this drug. This peculiarity was hereditary; since his mother states, when a child and under similar circumstances, that she experienced similar effects after its exhibition. Why quinine should produce these peculiar effects we cannot tell; nor why opium has its elective seat of energy upon the brain, strychnia upon the medulla, ergot upon the uterus; but that they do thus act none can deny. Gubler propounds an ingenious and poetic hypothesis, "a sort of predestination which is attached to their physico-chemical constitution and which causes these remedies to go and take their place, each in particular tissues and destines them to be eliminated by certain ducts." So of quinine it may be said, its action is predestined to expend its energy upon the vaso-motor fibrils, having been absorbed by and disseminated in the plasma.

of the blood and finally reached the histological elements. To these it surrenders the medicamental force inherent in it and structural modifications take place.

Without entering into minute details of treatment and results of our case, it will suffice to state that the usual agents termed derivants and absorbants were employed, simultaneously or in succession as the symptoms seemed to demand, for relieving congestion and removing its products: (e.g.) leeches to the temples, lower-lids and mastoid process and fleeting blisters to the latter. Cold applications to the closed eye-lids and forehead, cathartics and hot pediluvia: towels wringing from hot water applied to the nucha and back; and dry cupping to each side of the spinal column.

[The cupping was performed in the following manner viz. the patient being prone, the cutaneous surface of neck and back to the sacrum was first smeared with olive oil; a large cup, the exhaustion of air having been secured by the ignition of a bit of porous paper saturated with alcohol was then inverted and applied by a quick movement to the skin, say of the neck; a considerable elevation of skin speedily takes place within the cup. Without too long delays the cup is then seized and retaining it in its natural position, with a strong hand, it is slowly moved down along one side of the spinal column and then moved to the other side; it is glided up in the same manner to the neck. It is then moved to the side of its first application and the same movement is repeated. Care must be observed that when first applied, the cup does not remain too long *in situ*, as the pressure of the atmosphere upon the cup may produce impressions, indentations so deep that it cannot be moved as is desired. This manœuvre will prove one of the readiest and most powerful of revulsives.]

The internal remedies employed were syr. iod. ferr. and tr. iodinic. Perceptible benefit was experienced from the commencement of treatment, for on the next day he began to distinguish colors and perceive the form of objects. Vision which at first was peripheral became central. Pupils slowly returned to their normal size and became responsive to access of light. Vision returned first in the right eye, which same was the first that became affected. During convalescence he had slight chills on alternate days; these however produced no interruption or retardation to recovery of vision; for this complication he was

treated with Fowler's solution which was successful in its arrest.

Certain exigencies in domestic affairs demanded a return home, after having been under treatment for *ten* days. During this period quite good vision had been regained and his condition gave promise of uninterrupted amelioration. A letter received two weeks later from his father states "my boy has improved uniformly in his sight has been able for the last three days to read ordinary print; his general health is also improving."

In the No. of *Archives of Ophthalmology* alluded to above the editor Dr. H. Knapp publishes three cases of quinine amaurosis, all characterized by similiar ophthalmoscopic phenomena as that reported by Dr. Michel; especially the anæmic condition of the papilla and vessels of the fundus. In these respects they all differ from my case, in which there existed very marked congestion. In all, blindness was total but only temporary but the former acuity of vision was not regained. The hypothesis we think is tenable, that in these cases the stimulating action of quinine upon the vaso-motor nerves of the ocular vessels preventing their contraction was so powerful and persisted for so long a period that relaxation did not take place till such nutritional changes were induced that did not admit of immediate or of complete repair; while in my case paralysis of the same vessels very speedily followed their contraction; this was followed by congestion and extravasation and pressure, the proximate occasion of the blindness. This condition kindly yielded to the therapeutic agencies adopted and perfect vision was speedily regained. The flashes of red light perceived during the period of total blindness, demonstrate that considerable irritation existed also of the ganglion cells at the seat of usual perception in the angular gyrus (Ferrier) or the occipital lobe (Munk) or in both. These cases demonstrate the capability of quinine in effecting allotropic conditions in the optic apparatus resulting in blindness and authorize a favorable prognosis especially if the affection be early detected and appropriate treatment be rendered.

## Clinical Lecture.

### ARTICLE XLVI.

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DELIVERED AT ST. JOHN'S HOSPITAL BY T. L. PAPIN, M. D.,  
LL. D., PROF. OF CLINICAL GYNÆCOLOGY, MISSOURI MEDICAL  
COLLEGE. REPORTED BY S. EMORY LANPHEAR, M. D.

GENTLEMEN:—To-day I have the pleasure of presenting to you a very interesting case of Amenorrhœa—suppression of the menses. The patient, a young lady some twenty years of age, about three months ago was suddenly startled by receiving intelligence of the death of a near and dear relative. Her menses, which were due that day, were suppressed and since that time have failed to make their appearance, giving rise to a distressing set of symptoms which I shall presently describe.

Now by the term Amenorrhœa is meant an absence of the menstrual flow, otherwise than that caused by the menopause or pregnancy and lactation. Although really only a symptom, it is still of such frequent occurrence as to demand your earnest attention. For convenience of discussion we will divide it into suppression and retention of the menses. Menstruation normally makes its appearance at the age of eleven to fifteen years, differing according to climatic and social surroundings; in this zone, however, puberty generally appears at about the age of fourteen, although instances of precocious development attended by menstruation are by no means rare, while upon the other hand, ovulation is often delayed until quite late in life, but in the latter cases, unless there be some palpable cause or the general condition of the patient demand it, medical interference is rarely required.

There are three general classes of retention. In the first class of cases, we find girls at the age of eighteen or twenty resembling those of ten or twelve in the development, not only of the generative organs, but usually of the whole body, the subject being pale, weak and languid, with a feeble circulation, anæmic and perhaps of stunted growth; these cases evidently



require a general tonic treatment, nourishing diet, out door exercise and pleasant social surroundings, the cause being a general debility of the entire system.

But the approach to womanhood may be delayed by a far more serious cause, in spite of which the girl continues to grow, becomes healthy and vigorous, almost masculine in character and appearance, but no sexual propensities exist; in these cases there will be found some fault in the generative organs alone, perhaps most frequently in the ovaries although it may arise from a deformity or absence of some other organ. Complete absence of any organ is very rare, but a rudimentary condition is quite frequently met. Scanzoni says that upon a careful analysis of reported cases of absence of the uterus, he finds that almost always some rudiments of the organ remain, so that authenticated and unquestionable instances of this anomaly are extremely rare; and an entire absence of the ovaries may be said to be quite as infrequent, although often found in a state resembling those of the foetus. Of course in such cases as these medical or surgical skill can be of no avail and the patient should be subjected to no treatment where a positive certainty exists regarding the condition of the patient. A condition very similiar to this has been noted where oöphorectomy or extirpation of the ovaries has been performed.

In the third class, upon the contrary, development from girlhood into womanhood has occurred at the usual time, the sexual organs being fully developed but unattended by an appearance of the monthly discharges; this is a true case of retention of the menses, and as such, it becomes a matter worthy of your attention. The patient complains of headache, a pain in the back and limbs; there is a dull, heavy aspect, lassitude and generally an increased nervousness. These are by far the most frequent cases and are generally due to a sedentary life occurring commonly in girls of indolent habits accustomed to a luxurious diet, hot rooms and the multitude of other unhealthy conditions that are too often found among the daughters of the wealthy classes. These too are the cases in which success is most easily secured, provided the patient will enter into the plans suggested for her relief. In the first place, her old habits of indolence are to be broken up; she should be sent to the country where she can take plenty of exercise, especially by horseback riding, and where she can have a plain substantial

diet. This change of habits will generally be sufficient to effect a speedy cure; but it may be assisted by the course of treatment I will soon describe when speaking of suppression of the menses.

There is still one more class of cases of which I must speak ere I leave this part of the subject, namely, a condition known as chlorosis or green sickness. In these, as womanhood approaches, there is a marked derangement in the health of the patient. The subject of this trouble has probably been kept in illy ventilated school houses or manufacturies, breathing the foul atmosphere of close rooms instead of the pure air of heaven, kept upon improper food and without a proper amount of exercise, the mind perhaps much more fully developed than the body, what wonder then that nature cannot assert herself and that a condition is created in which there is a general torpor of the entire system? The spirits are depressed, an hysterical condition of the nervous system supervenes, the appetite becomes depraved, the patient craving and eating the most inconsistent and indigestible substances, such as slate pencils, chalk, clay, vinegar etc.; the bowels constipated, the tongue coated, and the complexion of a dirty, almost greenish hue; the patient is usually anæmic to a marked degree, and troubled with cold extremities and extreme weakness. Sometimes it is accompanied by a cough, more or less marked, hence leading incautious practitioners into the error of diagnosing it a case of phthisis pulmonalis, a mistake of grave importance. The menses have not yet made their appearance, or at least there have been but one or two "showings" at irregular intervals. In the treatment of this form of amenorrhœa, the same rules regarding a change of habits, diet, etc., are applicable as in the class I have just described; conjoined with this change there must be given a tonic, and of tonics, iron stands pre-eminent above all, the muriated tincture being preferable in most cases although Vallet's mass (Pil. Carbonate of Iron) is much lauded by gynæcologists; the bowels must be kept open by the appropriate means, aloes in combination with other laxatives being considered the best. The diet must be nutritious and easily digestible, milk, eggs, beefsteak and wines being required and as the general condition of the patient improves, the menses will make their appearance at the proper time.

In a few cases retention may be caused by imperforate hymen

easily recognized by a digital examination, when it must be remedied by surgical interference, the operation for which I have described in a former lecture. Accidental or congenital closure of the cervix uteri acting as a cause must also be removed in a like manner.

Suppression of the menses may occur at any time between puberty and the menopause and must be carefully distinguished from pregnancy, for unfortunately many abortions have been produced by incautious efforts to bring on the courses. It may be caused, as in the case I present to you to-day, by intense mental excitement, frights, high fever, exposure to cold and wet just previous to or during the menstrual epoch, and to a variety of causes of a like character. Sometimes the failure of menstruation may pass without much systemic disturbance, at the next period the discharge making its accustomed appearance. But in most cases there is a considerable amount of fever, a hot and dry skin, tongue coated, intense headache, and pain in the loins and limbs, and such cases demand active treatment. This suppression may prove a source of great trouble in some cases, as unless removed it may continue. If the patient be plethoric, venesection may be resorted to, or in lieu of this, active purgatives may be administered; long continued hip baths are of benefit, cathartics should be repeated several times and such warm diaphoretic drinks given as may be agreeable. If the period be already past, you may be unable to bring on this monthly discharge, but the following one may be brought on by giving a so-called emmenagogue mixture, about as good as any perhaps, being a combination of six grains of Calomel with six of Aloes and the application of dry cups to the loins; and if these do not succeed, by again resorting to the methods I have just given you, assisted by warm injections into the vagina, enemata or perhaps the repeated passage of the sound, you will usually succeed in remedying this important trouble.

**Translations.****ARTICLE XLVII.****FROM THE FRENCH.**

**EXCERPTS FROM LATE FRENCH JOURNALS.** [Translated for the JOURNAL.] By A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

**DURATION OF LIFE IN THE FŒTUS AFTER THE DEATH OF THE MOTHER.**—In 379 cases in which the Cæsarian operation was performed, 308 children were dead, 37 gave signs of life and 34 were living. Among these latter 5 lived a considerable time.

Gareski has made experiments upon animals to determine the duration of the child's life after the death of the mother. The following are the results :

1. It is not a matter of doubt that, in case of sudden death of the mother, the child should survive.

2. The extraction of a live fœtus is rendered probable if it is done during the first six minutes succeeding the death of the mother.

3. There is hope of restoring to life, in spite of asphyxia, children extracted from six to ten minutes after the death of the mother.

4. They may be saved after a lapse of from 10 to 26 minutes.

5. Often the fœtus is already strongly asphyxiated after the first minute.

6. The survival of the fœtus is longer in proportion to the short space of time intervening between the cause of death and complete cessation of the heart's action.

7. The death of the mother by rapid intoxication is more favorable to the survival of the fœtus than when due to other causes.—[*France Médicale*.

**THE EFFECTS OF NERVE-STRETCHING IN ANIMALS.**—This operation, which has been applied, in France, by M. Debove, is of German origin. Baum of Dantzig, Nüssbaum and Masing of St. Petersburg have published cases in which the cure of facial and intercostal neuralgia was effected by this heroic operation. Debove has employed the method in the fulgurating pains of ataxics. The method acts, probably, by modifying the state of the cells of the medulla, but it is to be feared that this is followed by certain bad effects, especially upon reading the results of experiments made by M. Quinquaud, and announced by him to the Société de Biologie. A month after stretching the sciatic nerve in a guinea pig, he saw trophic troubles supervene and spontaneous amputation of the toes to which this nerve is distributed, and he found the same anatomical lesion which a section of the nerve would have done.

Nothing similar has been observed in man, but it is good to be forewarned that trophic troubles may be produced.—[*Paris Medical*.

Note.—It is unfortunate that M. Quinquaud did not make a careful examination of the nerve to see if it had not been entirely separated by the stretching. The symptoms—the trophic troubles—would seem to indicate that the nerve was perhaps more than merely stretched and the axis cylinder had been ruptured. (TRANS.)

**THE TREATMENT OF PTYALISM IN THE INSANE.**—Ernest Dautjat in an inaugural thesis on the above subject states that the insane have a great toleration in respect to atropine, which has also been observed by others.

The author thus sums up his conclusions:

1. The neutral sulphate of atropine is, without doubt, very efficacious in the treatment of the ptyalism of the insane.

2. When it does not completely cure the salivation, it diminishes it considerably; and when it occurs it never attains its former intensity.

3. The cure of salivation generally requires a course of treatment lasting a mean length of three weeks, and the administration of neutral sulphate of atropine in daily doses of from 1 to 3 milligrammes, progressively increased.

4. The length of treatment seems to bear a proportion

rather to the length of time the affection has existed, than to its intensity.

5. Alienated persons seem to support well the sulphate of atropine.

6. It is well to note also the good effects that have been attained in cases complicated with bronchorrhœa and epilepsy. Finally, let us note the cure of a rebellious and very abundant epiphora.—[*Lyon Médical*.

**PREVAILING CHARACTER OF SKIN DISEASES IN CHILDREN.**—In a lecture on this subject M. Guibout states that, on account of the great physiological activity of the organism of the child, it is particularly liable to hot, acute diseases in which the inflammatory type predominates. The exanthemata find the child's skin a soil that is of the choicest. Again the mucous membranes are subject to the like inflammatory acute affections. In the child coryza is almost always present; all the varieties of stomatitis, aphthæ, and the whole series of anginas, catarrhal, pultaceous, herpetic and diphtheritic are observed.

At the end of the first or during the second month we find the head covered with *milk crust*, which is nothing else than eczema impetiginosum (e. pustulosum). The folds of skin, in contact, and rubbing against each other exposes it to purulent erythematous inflammations, as shown in the different forms of intertrigo.

In the child solar erythema (e. from caloric) is very common and if it be cold that acts pernio or chilblain, an inflammation of a bad character and closely approaching to gangrene in its disorganizing character, is produced.

Strophulus (miliun) often covers the body with its white papules; urticaria is often found although no cause, in any trouble of the digestive functions, exists. The cause lies in a disposition of the skin to become congested, on account of its delicacy and the abundant capillary supply with which it is provided.

The lecturer supported Hardy in rejecting the claim made by Bazin that the above named diseases are scrofulides. For by accepting such a doctrine all children would be scrofulous as all or nearly all are affected by them; and when seen in scrofulous children they assume different characteristics. Besides it is difficult to admit that a diathesis so grave, so deeply implanted

in the organism, so chronic in its evolution, so torpid in its development so long in duration should be represented by lesions so ephemeral, so superficial and which heal without any specific treatment. The herpetic diathesis exists in the child appearing from the second to the fifth year and always manifesting itself by affections of an inflammatory character, with moist secretion, of acute form such as eczema, impetigo and ecthyma. The chronic forms such as prurigo and psoriasis are almost never seen in the child.

Syphilis does not spare the child; and often kills it *in utero*. If the foetus resists its deleterious action and is born living, the different manifestations of the disease succeed each other rapidly during childhood and a fatal termination is often the result. On the other hand, if the disease is on the road to cure, its march to a happy termination is equally rapid.

It is during the first three or four years that scrofula makes its appearance; it attacks, at first, the nasal mucous membrane and the eyelids. It is only later that the lymphatic glands become engorged and suppurate. And it is in adolescence and adult life that scrofulous lesions attain their height in regard to gravity and fully accomplish all the disasters, of which they are capable.

Here are other affections of a different type: pemphigus, ecthyma, and rupia. It seems strange to meet them in a child; they do not seem to belong to it, they are the lesions of cachexia. This is true, but childhood also has its old age and its cachexia. Who has not seen one of these dried-up, shrivelled beings whose sallow skin is already toughened, with a face full of wrinkles? These beings by reason of an insufficient and bad food, worse hygienic surroundings and filth become aged even whilst infants, and they become subject to the skin diseases of old age.

In conclusion, the general characteristic of the skin diseases of children is inflammation, is the acute form, the rapid evolution. The result is that the treatment of these must be antiphlogistic and emollient.—[*Gazette des Hôpitaux*.

CONTUSION OF THE TESTICLE AND ITS CONSEQUENCES.—M. Terrillon together with M. Monod in a paper read upon this subject, lately, comes to the following conclusions:

1. Contusion of the testicle may produce painful phenomena of a transitory nature, without appreciable lesions.

2. It may be accompanied by primary disorders, soon followed by an inflammatory reaction with the production of fibrous tissue and atrophy of the tubes of the testicles. A true atrophic traumatic orchitis is formed.

3. There are three degrees of contusion. The first, in which only capillary hemorrhage into the connective tissue is observed. The second, with circumscribed foci formed by the debris of broken tubes and blood globules. The third is characterized by a more or less complete rupture of the tunica albuginea. This is a crushed testicle.

4. Atrophy most frequently comes on in youths and young men. Suppuration, which is more rare, is found in old men or in those who have broken down.

5. The frequency of traumatic orchitis has been greatly exaggerated; for, it has frequently happened that the first pain, felt at the beginning of a gonorrheal epididymitis, has been mistaken as the result of a blow on the testicle.

6. Contusion, may awaken in the testicle, the evolution of a tuberculous or syphilitic diathesis, or bring into activity tubercle, which had been in a latent state up to that time.

7. The epididymis is often affected, at the same time, but it has less tendency to atrophy.

8. The phenomena of the irritation, present in the tunica vaginalis or in the connective tissue of the scrotum, often mask the characteristics peculiar to traumatic orchitis, and are a prolific source of errors in diagnosis.—[*Ibid.*]

**TETRA-ORCHIDIC INDIVIDUAL.**—Dr. Cebina observed a rare anomaly in a soldier.

The patient had a chancroid which resulted in an ulceration extending along the whole left half of the scrotum and in depth to the dartos and even to the tunica albuginea. On this side were observed two testes, the one of small size was supplied with an epididymis and vas deferens; the other, was somewhat larger, and there was no doubt as to its being a testicle. Both testicles were perfectly distinct, the one from the other and the



only band of union between them was a small canal, the remains of a vas deferens, going from the larger testicle to the vas deferens of the smaller one. The supernumerary testicle was above and behind the other.

The same peculiarity was found to exist upon the right side, manual exploration being used. The larger testicle on this side was not as fully developed, in volume, as its fellow of the left side.—[*Moniteur de la Policlinique*.

POTTS' DISEASE OF SYPHILITIC ORIGIN.—Prof. Fournier has observed the following rare case :

A man, aged 55 of athletic build, has noticed the state of his health change since several months, without being able to assign any cause therefor. He has become thin, enfeebled to such a degree, that he could scarcely walk when Prof. Fournier saw him for the first time. He had lost his appetite ; besides, he complained of lumbar pains which were constant and of a dull heavy character, in general ; but at times, very acute and extending to the lower limbs.

Specific sarcocoele, gummy tumors and ulcerations, etc. were found and energetic treatment immediately instituted, but it failed to retard the cachexia which carried off the patient a few months later.

The post-mortem demonstrated, besides the lesions we have mentioned, syphilitic changes in the liver and kidneys, gummy products on a plane with the lumbar nerve and above all multiple and considerable lesions of a Pott's disease, affecting the spinal column at the second, third and fourth lumbar vertebræ and of incontestably specific origin.—[*Annales de Dermatologie*.

## Proceedings of Medical Societies.

### ARTICLE XLVIII.

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#### ST. LOUIS MEDICAL SOCIETY.

SATURDAY, June 25th, 1881.

##### **Morbid Specimens.**

DR. WESSELER.—Mr. President, I have a specimen here. A young man aged 20, a native of Switzerland came to the hospital on the 16th of May last. He worked in a machine shop and, as I learned since his death, frequently had "spats" with the men where he was working. When admitted to the hospital he had not felt very well for about two weeks; was able to be about, but looked emaciated and rather yellow, as though he was suffering from malarial fever. I prescribed quinine for him and some mild cathartic, and continued this treatment for about a week. The second week he called my attention to a pain in his stomach. I examined him more carefully, and found right above the umbilicus an enlargement which was resistant. I was a little puzzled to know what it was, but concluded that it was an enlargement of the mesenteric glands. There was no vomiting, no constipation, but he continued to complain of the pain in the anterior portion of the body, over the stomach. Drs. Hickmann and Lutz, were called in and examined the case, but there was so much pain that they couldn't come to any conclusion as to what the cause was. In a few weeks this hard substance seemed to disappear. I was unable to feel it but the pain increased and a crackling noise could be heard under the walls of the abdomen at every motion he made, in drawing breath. He was unable to lie down in bed at all the last two weeks before his death and died in a chair. He remained in the hospital to the 20th of June when he died. For the last three weeks he couldn't stand up straight, but stooped forward. Latterly his lungs became involved and there seemed to be a great deal of obstruction. He could hardly get any breath and the later part of the treatment consisted in giving mophine and brandy. After his death

I removed part of the stomach. On cutting into the abdomen I found very extensive adhesions all the way anteriorly to the walls of the abdomen and a thickened lymph in the anterior wall of the stomach near the pylorus. The organs were studded with a fatty material. All seemed to partake of this same deposit. The explanation that I am trying to make of the case is that the man received an injury to the stomach, for there is a hardened lump there—on the inside which looks as though it was a cicatrix; as though it had healed, although he gives no history of any injury to the stomach. There may have been inflammatory thickening of the organ and that may have produced such a vitiated condition of nutrition as to create this deposit all through the organs. If this is not the explanation I am unable to find one. The lungs became studded with this deposit, so that he was unable to breathe any longer.

The apnoea kept on increasing until he died. The mesenteric glands and the pancreas were filled with hardened cheesy material and tied to the walls of the abdomen, by thick fibrous bands which I think are products of inflammation.

DR. JOHNSON.—Did the patient have a cough?

DR. WESSELER.—He didn't come in with a cough. This occurred while he was there.

DR. DICKINSON.—Mr. President, as I understood it, the specimens exhibited are but samples of affection of other organs of the same character. It seems that all the depurating organs are affected to some degree. The effect on the lungs would certainly be to prevent complete aeration of the blood so that death was rather the result of general degeneration of all the excretory organs, than of the lungs alone.

DR. STEVENS.—It is a very interesting case, Mr. President, and I would suggest that Dr. Wessler have it examined under the microscope in order to determine its nature. It seems impossible to do so from the inspection we have here taken.

DR. WESSELER.—I will state that I took a specimen to Dr. Rumbold's office and he has made a partial examination. He will make a statement with regard to it.

DR. RUMBOLD.—Mr. President, I made a partial examination of it but I am not yet prepared to state what kind of a growth the tumor is. It seems somewhat like a round cell sarcoma, but

the cells are not large enough, and I have not examined it sufficiently to say just what it is.

DR. LUTZ.—From my own observation of the case—and the doctor asked me a number of times to see the case in his wards—there was very little doubt in my mind but what the man was suffering from malignant disease; the question was the location of the tumor in the epigastric region, about an inch and a half or two inches above the umbilicus. The tumor there seemed to be about the size of a walnut when I first saw it. Then there was dullness on percussion on the left side about the lower half of the lung which seemed to be involved by a deposit which had been put there rapidly. The history of the case was such as to indicate that the growth was a rapid one, which would be an indication of its malignancy. The age of the patient, on the other hand, was such that we wouldn't expect to find malignant disease. For the last two weeks, it was almost impossible to make anything like a satisfactory examination of the internal organs. His favorite position was a crouching one. He would sit down on a low stool and bring his knees up towards his chest in order to relax the walls of the abdominal cavity. Dr. Hickman who examined this case called attention to this position of the patient. He says that he has frequently noticed that persons with cancer of the stomach assumed this position when he could discover no symptoms of tumor. All the organs of the abdominal cavity and both lungs were involved in this deposit, especially were the mesenteric glands affected. I think the primary disease was in the stomach and that the organs were affected secondarily. The same deposit that is found in the mesenteric glands is found in the liver and lungs. It was an infiltration. I judge the man had a cancerous diathesis. We know that primary cancer of the liver and lungs is rare; but sometimes when we have a cancer of the stomach, and a very small deposit in the stomach, we have a large deposit in the lungs and liver. There is no history of traumatism.

DR. HUGHES remarked that the age of the patient did not necessarily militate against the carcinomatous character of the disease; violence is capable of supplementing in the young the degeneracy of age. Violence and local injuries are much more frequent causes of the developement, than is usually conceded. The cancer of Mr. Beach the late Circuit Attorney here, who was

known to be a healthy man and had no evidences of any cancerous developement up to the time he received a blow in the bowels, followed directly upon that injury.

Dr. JOHNSTON.—A number of years ago it was thought that all we had to do when we have an abnormal growth was to put it under the microscope and determine its character. A logical Kentuckian said: "That cannot be"; and it was soon demonstrated that it was not true. You cannot determine until the disease is far advanced. Now is it true that a blow on the stomach is sufficient of itself, *per se*, to develop this disease that we term cancer? Dr. Hughes says that Mr. Beach received a blow on the stomach and therefore, he had a cancer; but the evidences to every man's mind are to the contrary. I attended a gentleman some time ago, and I understand Mr. President that you and Dr. Hodgen saw him also. I treated him for dyspepsia and the treatment seemed to relieve him for a time. The last time I attended him for three or four weeks; then he came back and said I was not doing him any good, and I understood you could not determine what was the matter until you made a post-mortem examination, and then you found it was cancer. If it is true that you and Dr. Hodgen with your long and extensive experience couldn't determine that it was cancer until after the death of the patient it is logical to conclude that Mr. Beach had a cancer long before he received the blow. This manner of jumping at the conclusions that surgeons have been pursuing since Virchow published his "Cellular Pathology," that cancer is a local growth, and that all you have to do in order to produce cancer is to irritate a point so as to carry on changed nutrition is a very loose way. In this case, that Dr. Hughes spoke of, where a blow is said to have produced cancer, if we knew the history of the family we would find, perhaps, that there is a transmitted diathesis, under which it only required a blow and exposure to produce this abnormal condition which we designate as cancer, and for which we have no remedy. Cancer is not confined to any particular period of life. Now as regards the disease of cancer of the stomach, I have seen quite a number, the position which Dr. Lutz stated was assumed and which he gives as a method of diagnosis is not necessarily taken; in fact, according to my observation, it is not true. A man with colic will double himself up. If you strike a man anywhere in the stomach he will

double himself up. And the lungs pressing against the diaphragm, owing to their diseased condition and the difficult respiration caused the man to double himself up; but it doesn't follow as a truism that the man had cancer of the stomach which caused him to assume this position.

DR. HUGHES.—Dr. Johnston is putting me wrong on the record. I did not deny the possibility of a hereditary predisposition; I said nothing about the cancer. I do not wish to pass judgement on the nature of the growth without the assistance of the microscope.

DR. RUMBOLD.—Mr. President, I have a pathological specimen here to present to the society. Two weeks ago to-night I reported a case of a patient of mine who had an enlargement of some kind on the neck which involved the larynx. I have now got the tumor here on the plate and it can be examined. I stated that night that I thought it was an enchondroma, but this specimen proves that it is not, so that I was mistaken in that respect. An examination under the microscope seems to reveal it to be a fibrous structure. It is one mass of fibrous layers interwoven into one another. I stated that there was room below the vocal cords for respiration provided we could pass a tracheal tube through the crico-thyroid membrane, but on a close examination this evening I find that the trachea had been pressed quite flat by the tumor, so much so that it raised a ridge on its posterior wall. There is nothing of importance about it except its enormous mass, which so completely filled the larynx that it shut off his breath and involved the œsophagus, therefore it could not have been removed. I don't know that anything could have been done for the patient, that would have been successful. If he could have tolerated the presence of a tube in the larynx, his life might have been prolonged almost indefinitely, by making an operation into the œsophagus and giving him food. He was a strong hearty man and weighed about 180 pounds. He had lost about 20 pounds of his weight during his illness.

DR. HUGHES.—Could he swallow?

DR. RUMBOLD.—Yes sir, but not without some difficulty; he was well nourished his voice was uncommonly good.

DR. HUGHES.—What was the cause of death?

DR. RUMBOLD.—Asphyxia. He could not get sufficient air in his lungs.

DR. LUTZ.—Why couldn't you pass a large catheter?

DR. RUMBOLD.—Well, that might have been done; I do not know that it could have been tolerated.

DR. POLLAK.—It is certainly a case of goitre. The thyroid gland is enlarged.

DR. STEVENS.—Might it not be like that other disease which started in one structure and passed into another?

DR. RUMBOLD.—Yes sir: Many years ago he took a very severe cold that settled in his throat, which has been more or less affected ever since. That was in 1851. Three years ago, he became completely aphonic and couldn't speak at all. He was then seen by Dr. Gregory and other physicians in this city.

DR. HUGHES.—Did you say he died suddenly?

DR. RUMBOLD.—Yes sir. The following letter will give a short history of his last illness:

CARROLLTON, ILLS. June 23rd, 1881.

DR. GREGORY:

DEAR DOCTOR.—I send you to-day by express, in Alcohol hermuetically sealed part of the trachea, etc., from the body of Mr. F. Vivell. german baker, 51 years old, married, who died suddenly yesterday morning after having had trouble with his throat for several years. Some time ago (say 2 years) commenced complaining of soreness of throat and hoarsoness causing pain when he talked too much but received no treatment except domestic remedies until about nine months ago he asked me to look at his throat. I found some redness of the throat and gave him some astringent gargle; also some enlargement just below the pomum Adami more marked on the left than on right side, for which I prescribed Potass Iod. internally and painting with Iodine externally. He grew no better and after using my prescriptions for a time visited St. Louis and consulted you and I think you gave him treatment very similiar to my own and which did not benefit him if any. About two months ago he quit consulting me and I have since heard he consulted Dr.

Prince Jr. of Jacksonville who sent him to Dr. Rumbold of your city, who, I think, proposed to try to remove the trouble by electricity. He also, I believe, saw, at the same time, Dr. Hodgen who only gave him a very slight examination and turned him over to Dr. Mudd who, I believe, prescribed Chian turpentine and sulphur, which probably did not afford him much if any relief. On Saturday last (18th) he sent for me and I found him breathing badly, very much like a child with a (not very bad) attack of croup. I advised him to visit St. Louis immediately and gave him a letter to you and one to Dr. Hodgen. I was apprehensive that tracheotomy would probably be the only measure that afforded any hope and not being prepared to perform it, I wanted him to go where it could be done. On yesterday morning on arising from bed his breathing became very difficult and he died in half an hour. I did not see him (being absent) until after death. Two other physicians saw him but decided that nothing could be done. We this morning removed what I send you, my knife was dull and the thing was not done very artistically, but I think all parts essential to understanding the case are with the specimen. We did not divide the upper part of the tube but left it as we found it to show the narrowing of the tube. Some of the physicians present thought they detected pus in the glandular structure. I send the specimen for your collection if you desire it. I would be glad if you feel like it, to have you show it to your medical society and be so kind, if not too much trouble, to notify Drs. Rumbold and Mudd to be present as they saw the man during his life twice and examined the case. Would like to have your opinion of the case.

Yours truly,

J. T. Crow, M. D.

DR. HUGHES.—Was any operation ever attempted?

DR. RUMBOLD.—No sir. The operation of tracheotomy was suggested and I spoke to him of passing a tube through the the larynx by the mouth but I didn't think he would allow it to remain there. I believe if I had another case of the same kind I would pass a large catheter through the mouth and larynx into the trachea. I would like to hear from Dr. Mudd as I believe he examined this patient.

DR. MUDD.—The first time I saw the tumor just presented was a week ago last Sunday—two weeks ago to-morrow and the



point of interest about the case was the firm infiltration which surrounded the larynx and trachea and which extended down as far as the sternum, resting upon the sternum, particularly upon the right side, so as to cover completely the crack of the trachea, so completely that I couldn't determine the site of the trachea, except by auscultation, and by a supposed line which may be drawn from the notch of the thyroid cartilage, which could be distinctly felt, two-thirds of an inch or an inch to the right of the median line. The tumor was much larger upon the left side than upon the right. As Dr. Rumbold stated, he was suddenly taken with aphonia but this became better in six or eight months, so that when I saw him he could talk pretty well though hoarsely. I could see no possibility of benefitting him by operative interference—not even by tracheotomy nor by the use of bougies. I could see nothing of the right vocal cord. There was no evidence, so far as I could discern, of any encroachment upon the trachea by the growths; that is, narrowing of the tracheal opening, but it appears to have been there, yet I could not determine that in life, although I examined carefully for it. One point that arrested my attention was the rather rapid infiltration of the parts and their extreme hardness. The growth had developed, as he stated, chiefly within the last twelve months, he having had little evidence of trouble prior to that time. There was one point in connection with Dr. Johnston's remarks that I wish to say a few words about, and that is in reference to the case he mentioned as having attended and to which I subsequently became attached. It was a young man 35 years of age who was emaciated—extremely slender; a man who was well known and who had been an active, close business man and had gradually lost strength although he had never ceased to work, except for a short vacation, after which he returned not much benefitted. At the time I saw him I examined him carefully, lungs, liver and the abdominal cavity. At the time I first examined him I detected an infiltration of the lungs. There was dullness throughout, more or less marked and there was a difficulty in respiration. He complained of pain in the stomach and that was the only complaint he made. This pain at times was quite severe. I was uncertain of the diagnosis until after the post-mortem and then I was surprised. I had a specimen examined microscopically by Dr. Everts and after a careful examination he came to the conclusion that it corresponded very near with the condition

described by the German authors recently, and somewhat of the character of fibrinosis. The walls of the stomach were thickened and contracted. The thickening of the stomach seemed of a fibrous character. The gland tissue of the pancreas didn't seem to be much enlarged but the interstitial tissue was hypertrophied. The liver was irregular and studded with white patches. The mesenteric glands were also involved. It was a case of extreme interest and I should have reported it to the society at the time had it not been for the delay which occurred in the microscopical examination.

**Association of the American Medical Superintendants of American Institutes for the Insane.**

DR. HUGHES was called upon for a report of the meeting of the Superintendants of Asylums lately held in Toronto he said: I am very glad to see the society taking an interest in the doings of this organization for it is the oldest regularly organized medical body of a National character in the United States, the American Medical Association not excepted. The session recently held at Toronto was the 35th annual session of the body, and like most of the sessions it was one of scientific, as well as, social and practical interest. The characters of the papers read before the body were such as do credit to the profession, and the manner in which the body was received by the officials, citizens and physicians of Toronto was certainly pleasing to every member of the Association.

Interesting papers were read upon various subjects, of general, as well as, special medical interest by Drs. Gundry of Maryland, Workman of Toronto, Hurd of Michigan and others.

Dr. Everts of Ohio, read a paper on the "American System of Public Provision for the Insane, and Despotism in Lunatic Asylums;" Dr. Workman of Toronto, on "Some points in the management of the Insane." Dr. Hurd of Michigan, read "A Plea for Systematic, Therapeutical, Statistical and Clinical Study of Mental Disorders." Dr. Gundry of Maryland, read a paper on "Separate Institutions for Certain Classes of the Insane" and your humble servant introduced a paper on "Cephalic and Spinal Electrization." These were thoroughly discussed and many interesting facts, by this manner, brought to light.

The Association was received by the Governor General of

the province of Ontario, and, during our stay, were entertained right royally. Mr. Langmuir the efficient inspector of asylums and reformatories for the Provinces of Canada was present at the meeting and contributed largely and substantially toward the entertainment of the guests. All the public buildings of note in the city were thrown open and the members of the Association were conducted to them in carriages by the authorities. What is called in Ontario the Public School building, and which is now an art museum, was also thrown open to the association, and it was the universal verdict of the delegates that the collection of busts, paintings and sculpture there is one of the most attractive features to be seen anywhere. One evening the association was given an elegant banquet at the Rossin house which was presided over by the lieutenant general of the Province of Ontario. On the whole, I think the meeting was a decided success, and I hope you will all have an opportunity of reading the papers. Most of the gentlemen here are reading men and take either the "*Journal of Insanity*" or the "*Alienist and Neurologist*" and together they will present most of the papers. A. E. McDonald, Prof. Gray and myself were appointed delegates to attend the International Congress in August next. The death of Dr. Isaac Ray deeply affected the members and Dr. Kirkbride was appointed to prepare a memorial of this distinguished brother and author—many other matters of interest will appear in the published proceedings.

DR. HUGHES then made the following remarks from his notebook on

**The Nervous System in Disease and the Progress of Neurology.**

It needs no prophet to foresee that the neural pathology is destined to reign in medical thought and supplement, where it does not supplant the vascular, in explanation of the phenomena of disease. The theme is too vast and our space too limited to even indicate, without specification, the achievements of the recent past, and present the possibilities of the not remote future in this direction.

Witness, however, in confirmation, the remarkable deference now paid to the views of neural pathologists and psychiatrists of note, especially abroad and the credulous consideration given to once ignored subjects, such as the transference of sensation, metal

loscopy and metallotherapy, trance therapeutics, etc., which have immortalized the once rejected and contemptuously-received names of Braid and Burq, and even of the not over professional Mesmer, and turned professional attention to those *auto-amnesic* and *deuto-physic* states which are variously designated by the names of double consciousness, somnambulism, artificial insanity, trance, hypnotism, Braidism, Mesmerism, etc. From having been regarded by reputable physicians as a sort of *noli me tangere*, to be touched only by jugglers, quacks and mountebanks, and looked upon as "monsters of such frightful mien as to be hated, needs but to be seen," the promulgators of these doctrines have been successively "endured, then pitied, then embraced," until professional faith, once so incredulous as to believe nothing, has become possibly more credulous than the precise boundaries of actual discovery in psychiatry and neurology yet warrent. An exalted, and perhaps exaggerated faith, born of the plausible possibilities of neuro-physic function foreshadowed in the known physiology and pathology of the nervous system and mind have taken possession of many medical minds, and eyes and ears once closed are open to the seemingly most remarkable and incredible phenomena, with *cortices cerebri* receptive enough to evolve the truth from them.

All this has grown out of the possibilities revealed in the progress of neurological research.

It would be interesting to search the records of practical and theoretical medicine, and set down in chronological order the invasions of the new and the abandonment of the old pathology in numberless diseases which might be specified, but to do this a treatise would have to be written, and will yet be produced—though living medicine has now but little time for funeral ceremonies over moribund ideas, and is disposed to let "the dead past bury its dead."

Note, however, in illustration, the progress toward its recognition as a neurosal disease of exophthalmic goitre from the time Flagani, an Italian physician, in 1802, first described it, up through the description of Parry in 1825, Graves in 1835, and Basedow in 1840, to its present recognition by all writers on disease of the nervous system down to Allen Mc Lane Hamilton, one of the latest and best of American medical authors.

Every day the blood pathologists yield some of their territory, until finally the whole vast field will be ours.

Omitting all mention of those numerous and hitherto unrecognized neurosal affections which were not known under any name until neurology brought them forth and christened them: we may cite further, that familiar disease, rheumatism, with its well known metastatic freaks, like those of erysipelas and the exanthemata, as well as its frequent association with chorea, which, if not due, as Latham has conjectured, to a weakening of the "chemical inhibitory center," is, in our opinion, destined soon to have its proper place assigned it by common medical consent, among the *neurosanguin diseases*, along with its twin morbid sister, gout, which as Dyce Duckworth has recently, shown is an equally neuro-pathic disorder. Both gout and rheumatism, in our opinion are tropho-neuroses. Their interchangeability in families with other neurotic diatheses goes far to prove this, independently of other proofs. Ziemssen identifies chorea and rheumatism as the same affection under two different forms, having their origin in the basal-cerebral ganglia, and notes the fact that certain morbid changes in the spinal cord and nerves give rise to arthritic inflammation in chorea not distinguishable from the joint affections of rheumatism.

It is just as well for us to state it here as anywhere, what we have long regarded as an irrefutable truth in pathology, viz: That *all the hereditarily transmissible diathetic conditions*, whatever may be the cachæmic states and mal-atrophic products by which they are commonly recognized, *are neuropathic tropho or vaso-motor neuroses*.

We do not even except the hemorrhagic diathesis or hemorrhagic purpura. The lesions of the vascular coats being in these diseases inconstant and insufficient alone to explain all of the morbid phenomena. Nor need we exclude Bright's disease, or phthisis, the former of which has recently been assigned to its proper ganglionic abode in the renal plexus by Da Costa and Longstreth, and the latter long ago noted by Dr. Shroeder Van der Kolk, as one of the most interchangeable of diseases with insanity, a fact some years ago reiterated by Dr. Outten of this city, and subsequently by Dr. Angear, of Iowa. In phthisis, cancer and diabetes, the nervous system is more at fault than the organ or location that reveals these diseases to our eye.

Their long latency and ataxic transmissibility under certain favorable influences, conservative of health, are only satisfactorily explainable upon this hypothesis.

And so it is with a vast chain of diseases, not yet by general consent of the profession, relegated to the domain of neuro-pathology. The record of the acknowledged vaso-motor or trophic nerve disorders, connected, and probably primarily so, with the various skin affections, would make no insignificant list even were the record to embrace only such as Tilbury Fox and other eminent dermatologists now recognize as of neurosal origin. The list would assuredly not be confined to erysipelas, herpes zoster, pompholyx and urticaria, even though we excluded pruritus, the hyperæsthesias, analgesias and anæsthesias.

Passing over the novel view of Caron (1811), recently reiterated by J. L. Milton, but never favorably received by the profession that "the venereal principle is a movement impressed and not an observable body," it is, nevertheless, interesting to recall recent confirmatory experience in connection with the statements of Fournier and others, that many of the gravest cerebro-spinal lesions resulting from the virus of syphilis are often antedated by an imperceptible or scarcely noticeable primary lesion of the skin. The venereal principle is really obvious, but its presence is only revealed like that of other diseases when the movement through the agency of the nervous and vascular system takes place.

The lesions in cholera that kills is undoubtedly neurosal, whatever may be the initial atmospheric *materies morbi* causing it, and it cannot be plausibly gainsaid that the initial lesion is not more significantly in the nervous system than elsewhere, as Jewell and others have intimated, just as the real disease of sun-stroke is a paralysis of the sweat centers whatever may be the result and accompanying changes in the blood.

The general non-recurrence of the zymotic exanthemata and the immunity that results from acclimatization in regard to certain diseases suggests a neurosal impression which diminishes subsequent impressibility.

The period of incubation in the specific contagious diseases is the length of time the poison takes, not to be absorbed, but to so modify the normal activities in the nervous and dependent vascular and glandular system as to give the expression of disease. Rabies and tetanus, and the phenomenon of latency are not exceptions to this proposition.

These are not views discerned only through special lenses, but in the main they are now perceived by the general pro-

fession, so that a century of observation confirms the conclusion of Cullen, that "from all we can discern of the movement of disease going on in the body they are so dependent of the nervous system as, in a manner to entitle them to be called nervous," and calls to mind the later utterance of Claude Bernard from a physiological standpoint that "the nervous system governs all of the chemical processes of the organization."

#### DISCUSSION.

DR. PREWITT.—I only want to say a few words. The doctor may have stated some great truths but it seems to me it is at the same time an illustration of the extremes to which specialists are liable to run in every thing. Now the doctor talks as if he thought the profession was disposed to ignore the nervous system. We all admit we have a nervous system; we all admit that the nervous system is impressed with disease, but I don't admit the views which he has set forth. He would rather seem to imply, although he doesn't state it, that the nervous system is the centre from which proceeds all disease. I don't mean to say that he stated that, but it seems to be the drift of his argument. Why he talks of smallpox being a neurosis! Well I don't know, perhaps he didn't say that exactly; but he speaks of the connection of the nervous system with smallpox—undoubtedly smallpox impresses the nervous system, but it is due to the poison that is taken into the system? What reason have we to believe that it would not impress the system at large if the person had no nervous system. What reason have we to believe that the blood and other tissues would not be affected as much as the nervous system? The nervous system is affected by the poison; no doubt there are certain nervous phenomena—nervous disturbances developed by reason of the disease going on in the tissues. What is the use of a nervous system if it doesn't respond to changes taking place, local or general for that matter? But the eruption on the skin is certainly not due to the nervous system. Now as the doctor proposes to pursue his subject further, I hope he will make this plain and show just exactly what he considers these cases. Rheumatism he regards as a neurosis; well it seems to me it is pretty well established that it is the result of some poison in the blood. I think that is pretty well established as a result of therapeutics. I hope the doctor will make this subject clearer when he continues his paper.



## ARTICLE XLIX.

THIRTY-FIRST ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY HELD IN METHODIST HALL, CHICAGO, ILL., MAY 17, 18 AND 19, 1881. [Reported for the JOURNAL by A. H. OHMANN-DUMESNIL, M. D., of St. Louis.]

[ Continued.]

## AFTERNOON SESSION.

ABNORMAL THERMAL CONDITIONS IN DISEASE AND THE MEANS OF CONTROLLING THEM. By DR. J. H. HOLLISTER of Chicago.

It is a matter of great surprise that scientists were so long in ignorance of the properties of heat and the laws governing it. Great difficulties were encountered on every hand as long as heat was regarded as a substance. One of our cardinal teachings was to regard caloric as an imponderable substance. When we noted the red blood corpuscles as carriers of oxygen, we thought we knew all about animal heat. By what means the material view was overthrown, it is not my province here to discuss.

When the dynamic theory was accepted we began to find a ready explanation for a great many things hitherto unknown, which has puzzled the wisest head. In no department did it render such essential service as in regard to the production of heat in the animal economy.

I propose to discuss the subject as follows :

1. How heat is produced.
  2. The conservation of heat.
  3. The conditions in which extreme temperatures are developed.
  4. The results or effects of extreme thermal conditions upon the animal economy.
  5. The means of preventing or controlling excessive temperatures.
1. As a result of the changes always going on, in the animal economy, heat is developed to provide against loss by oxyda-



tion. The oxydation of carbonaceous compounds was, for a long time, considered, as the source of heat. But it is not the only source. Of the oxygen taken in the system, only 84 per cent is is used in carbon combustion. As early as 1780, Lavoisier and in 1785 Laplace said that the heat in the body was the result of the combustion of hydrogen as well as carbon and water was the result. More water was excreted than received. In an experiment 1500 lbs were received and 1900 lbs, or one-fourth more, excreted. The excessive amount was, no doubt, of intrinsic generation. It is probable that this oxydation of hydrogen plays an important part.

The more we look at the vital activity also concerned in this development of heat, none is more important than cell assimilation. Every molecular change produces heat. The force power of food is not wholly used up to produce heat. A residue remains for secretion, which is most active in special secretions—another source of heat. By whatever means molecular changes are multiplied, heat is increased and *vice versa*.

2. Much has been written upon the conservation of heat. This involves, not only the generation of heat, but that of its conservation, as well. I know of no more beautiful expression of divine design, than the simple fact that man in health generates more heat in a given time whilst digesting a hearty meal than the sick man does during a fever. It is evident that the height of temperature does not depend so much upon heat formation as upon heat retention. The fall of an apple before the eye of Newton was not more accidental than the observation of a temperature of 111° F. by Brodie, in a case of injury to the spinal cord. That wonderful mind pondered on that fact. He thought and worked out a series of experiments and found that by sections of the spinal cord we could elevate the temperature. Then followed in close succession the brilliant experiments of Claude Bernard, Schiff, Rosenthal, Perinaud, Vulpian and this month H. C. Wood's work on "Fevers" has come from the press.

The labors of these men and of others were a step in the right direction and demonstrated that the temperature of a part was connected with its circulation. The calibre of vessels was regulated by the muscular coats, themselves subject to nerves. The

vaso-motor nerves, modifying the delivery of blood to the capillaries, have a distinct bearing upon the dissipation of heat.

It is readily admitted that there is a vaso-motor constrictor power; but whether a similar dilating power is present or not or whether it is the result of blood pressure upon the walls, rendered passive by inhibitory power, is not yet determined.

It is a known fact that when certain nerves are stimulated extreme dilatation of the vessels occurs, and when cut the vessels do not enlarge which would seem to point to a special power to produce dilatation. Stimulation of the *nervi erigenti* in the dog, does not produce erection, but stimulation of the vessels will. Section of either or both sets of nerves of the submaxillary glands produces no marked effects upon the secretion, but if the nerves of the *corda tympani* be irritated there are marked results. It seems more than probable, then, that there exists a muscular and nervous system by which dilatation of vessels is accomplished.

Vessels have a tonus derived from local nervous influence. This power of constriction may be effected by central stimulation. Along the spinal cord are the centres of reflex sensation by which motor impulses arise and these determine the volume of circulation of the parts. There is a most intimate relation between the parts of the territory by small stimulation; and with all by great stimulation. The primal centre of the vaso-motor system is situated in the medulla oblongata above the *calamus scriptorius*. It is asserted also that in the pons exists an inhibitory heat centre is dependant on the one above. In this connection, it may not be out of place to mention the fact that the sudorific glands are the objects of particular stimulation. They have a special stimulation, through special nerves which may become independant, as shown in the pallor and want of blood during increased secretion of the part, induced by the administration of pilocarpine. I am led to infer from this that medicines act as refrigerants, rather in this way.

By whatever means we increase the peripheral amount of blood, we decrease the general temperature.

3. Elevation of temperature is rapidly accomplished by the act of digestion; during rapid structural lesions; by toxic influences, such as those preventing a free circulation of the blood;

and by an elevation of the temperature of the surrounding atmosphere, over that of the body.

4. The results of high temperatures on the economy are points to be feared. The effect is general bodily lassitude, increased susceptibility to fatigue, impaired appetite, disturbed secretions—especially in the cases of children of the second year: a temperature of 90° F. in the day and 70°, at night, being productive of summer complaint. Something allied to paresis of the vaso-motor system and consequent stasis may occur. The vascular tonus and blood circulation are diminished. The tonus may be lost entirely and tissue destruction becomes general.

A temperature over 102° F. engorges the lungs and renders them condensed, œdematous and fragile. Changes occur in the alveoli, the cells are easily detached, the “cloudy swelling” of Virchow being present, and the pulmonary tissue looking as if inflamed. A fatty or albuminoid degeneration or necrosis rapidly supervenes.

The heart fibres are softened, flattened, granular; they have no color and there is a fatty infiltration—degeneration.

The liver is more liable to be deranged. It is usually large and friable and, as the degeneration develops, the cells become swollen, granular and appear undergoing fatty changes. There is a class of diseases having this form of change for an origin.

In the kidneys, the cortex is the first to suffer and early shows signs. The epithelial structure of the tubules is affected in a manner similar to that observed in tubal nephritis.

The blood is markedly dyscrasic; the corpuscles disintegrate and the hæmatine discolors the tissues and renders the serum reddish.

The changes mentioned may be found in insolation, typhoid and relapsing fevers, exanthemata, septic fevers, erysipelas, traumatic fevers, rheumatism. In these all warrantable means, to control the temperature, should be resorted to.

5. There are two means of controlling high temperatures:

- a. By lessening the degeneration of heat.
- b. By facilitating its dissipation.

a. This may be accomplished by absolutely withdrawing—as far as compatible with the state of the patient—food and stim-

ulants and administering heat sedatives; but obedient to the indications of nature we seek to accomplish more by

b. Rapidly lowering the temperature of the surface of the body. The effects of cold are easily seen in the first stage of insolation. In the work on "Fevers" by Dr. H. C. Wood, a case, in point, is referred to :

A Scotchman whose pulse was rapid, respiration disturbed etc., death being imminent. He was placed in a full bath of ice-water and ice piled on him. After five minutes his temperature was 105.°5 F.; in fifteen minutes, 104°, consciousness began to reappear. In a half hour he was entirely conscious and the thermometer marked 102°.

Cold applications are beneficial in typhus, typhoid, scarlatina, etc. These applications are in the form of cold baths, packing, sponging, etc. Hegenbach's cold bath has a temperature of 70° to 80° F., cold water being applied to the head. Ziemssen advocates a bath of 95° reduced in 20 to 30 minutes to 60°. In a single bath the temperature of the body is thus reduced 4° to 10°. Four to six baths are necessary to control the heat. The Germans have had marked success in the treatment of typhus and typhoid fever, by a judicious use of cold water. In the exanthemata it must be used most carefully; frequent sponging of the skin, repeated as often as required, and ice-cold drinks, internally.

What remedial agents can be employed to control and reduce the temperature? They are chiefly cardiac sedatives, those increasing the circulation, stimulating the perspiration and blood-letting. Irritation of the pneumogastic inhibits the heart's action and it is probable that heart sedatives act in this manner. There is no doubt of the sedative action of tartar emetic; it is a powerful remedy and must be used judiciously. Veratrum viride reduces pulsations from 70 to 35 in a few minutes independantly of the vagus. Hydrate of chloral, nitrate of amyl, aconite and quinine are other heart sedatives; but I must bring this paper to a close by reminding you of the importance of a knowledge of thermal conditions in patients during the progress of disease and of the necessity of being thoroughly posted on the means of controlling them.

**INTRA-CAPSULAR FRACTURES.** By DR. T. J. MAXWELL of Henderson.

The treatment of intra-capsular fractures has enjoyed the attention of the best minds, in this country. In this paper I intend to summarize the teachings of modern surgery and suggest some additions to the treatment.

Intra-capsular fractures are those involving the neck of the femur, entirely inside of the capsule of the joint. They are peculiar to advanced age and to females. They are remarkable on account of the trifling amount of force necessary to produce them, and for the extreme difficulty in obtaining union by bone. As age advances remarkable changes take place in the shape and size of the neck of the femur. It joins the shaft more nearly at a right angle, diminishes in size and becomes more fragile. The possibility of bony union in these fractures has been discussed with no little warmth. Astley Coopers's and Frank Hamilton's researches show that, though possible in some instances, it is so rare as not to invalidate the truth of the assertion that there generally is non-union. Union does not take place for the reason,

1. There is a deficient vascularity in the bones due to their relative positions and deficiency of the artery passing through the ligamentum teres.

2. Whatever reparative material is developed has no local permanence, there being no support or nidus for it.

3. This material becomes so diluted with increased secretion of synovial fluid, as to be incapable of making any progress.

4. Imperfect coaptation and the impossibility of keeping the parts quiet.

These causes combined with the action of the powerful muscles at the site of fracture, constitute the chief reasons for non-union.

The treatment has been the subject of difference of opinion. Erichsen advocates a similar plan to Agnew's. The failure on the part of surgery to have means to coaptate the ends of the fractured bones is enough to account for the failure of many fractures to unite. If surgery proposed no better methods of treating fractures of long bones than those for intra-capsular frac-

tures, there would be, no doubt, as much non-union in these and it would be said that the bones are degenerated, etc. Is there not too great a tendency to saying such things instead of trying to put the bones in good coaptation? Extension must always be used in the direction opposite to the displacing force.

All the forces act on the lower fragment and the tendencies to displacement are upward and inward. The muscles are strong and numerous and tend to draw the femur upward, shortening the limb and turning the thigh outward and, through the trochanter, behind the acetabulum. There is eversion of the foot and crepitation can be distinguished when extension is made. The teachings of modern surgery, that extension be used, is not sufficient.

The following plan, which I offer, is rational and has been successful in two cases in my practice.

Apply extension in two directions in opposition to two forces, longitudinally and laterally. Put adhesive strips along the leg and foot to hold a cord passing over pulley and attached to weight. Lateral extension is made by a five inch muslin band around the body. A splint is applied to the inner aspect of the thigh. A pulley is placed opposite the crest of the ilium and four inches above it. Counter-extension is made by the body; the bed is elevated at the foot, one foot on the fractured side and eight inches on the other. The head post on the injured side is elevated four and a quarter inches. By this method the fragments are brought as nearly correctly into apposition as is possible. The inner surface of the capsular ligament is rendered tense and applies itself to the sides of the neck and holds it.

It takes 14lbs to accomplish extension, and for lateral extension 8 to 9lbs. When the irritation of muscles has subsided the weights may be diminished to 1½lbs or less.

The advantages of this method are; that it allows of the use of a bed pan; the danger from bed-sores is *nil*; the pain in the hip subsides soon, in a few days.

CASE. I.—Mrs. G., æt 52, was injured in the right hip Jan. 14, 1871, there being an intra-capsular fracture. It was first dressed by simple longitudinal extension. These dressings were changed to those described, in ten days. Callous could be felt at the end of seven weeks. I saw her a few days since and she

says that the fractured limb is much better than the other; and she can attend to her duties very well.

CASE. II.—Mr. R. P. æt 72, Jan. 29, 1881, fell striking his right hip. On examination, found the neck of the femur broken. He was kept in bed seven weeks. After the lapse of the first five weeks all the dressings were removed, union having taken place. The soreness passed away in one week. He took but two powders of morphine, and suffered scarcely any pain during the whole course of the treatment. To day he walks well without a crutch or cane. I am satisfied too, that this could not have been accomplished without lateral extension.

THE PRESENT STATUS OF SPECIALISM IN THE UNITED STATES. By  
DR. A. REEVES JACKSON, of Chicago.

Specialism in medicine is not a new thing. It existed in the earliest ages of medical skill. It dates back from ancient Greece and Egypt. Every Egyptian was obliged to pursue the occupation of his father and all the sons of physicians had to become physicians and so cities became oversupplied. To make room each physician gave opinions in regard to special regions or organs of the body, so that there were doctors for the liver, the skin, the head, etc., and even for the toe-nails.

History has repeated itself. The same state of affairs exists but not to the same degree although it is on the increase so that the old-time influence of the family doctor is passing away.

What are the causes of specialism?

The most prominent are:

The multiplicity of professorships in Medical colleges, and deficiency of medical education.

There was a time when the number of teachers in a college was not more than three or four and never greater than seven. Now, there are some where the number reaches thirty or forty. These teachers from being compelled to give more attention to a certain branch become more expert in it and tend to become specialists. This also tends to have the several departments of medicine taught better. The colleges aid in fostering specialism in another manner; by conferring diplomas on many, glaringly deficient in medical education. Of what real value are facts until he, who gains them, can make use of them? What man can become an artisan without practice in his art? How

much actual practical knowledge is a student forced to have? How many, before graduation, have attended or were required to attend a case of labor, or to use an obstetrical instrument, or a catheter, or ligate an artery? If he did learn it at college it was as an "extra", at an extra fee. He could obtain a diploma without that and generally did so.

The result of this deficiency is that young practitioners find themselves adrift, at sea, strike a rock and find the wrong that has been done to them. A thousand conditions meet them that seem and are new. In summoning a consultation he assumes the only proper course made necessary by his lack of skill. It is impracticable to perfect oneself in all the departments of medicine and hence so try to become better in some particular one. Some trust to luck and never advance. They know that nineteen out of twenty of all the sick get well under any treatment.

The college faculties know this and some have attempted to remedy this—for a consideration. They have established a post-graduate course or school of practice. What do they do? The instructions in special branches are but a repetition of the old story and the opportunity is not given of the necessary personal practice. Theory without practice or precept without example does not constitute education. The schools, I charge, do not honestly provide what their students most need: clinical experience. We know that it is the base of medical knowledge. Of what use was the discovery of chloroform by Guthrie, as long as it was packed away? It only did good after Simpson brought it into use. The ultimate facts of anatomy, physiology and chemistry are not made known but merely sketches are given.

Is specialism necessary? The answer is unqualifiedly, yes. It is necessary to meet the growing demand of the profession and community for special medical and surgical skill. The demand being admitted, it must be supplied. Were it not for specialists, medicine would never have gone forward. Every successful man in science or out of it, has been a specialist. All efforts to be successful must be concentrated. Specialism is more than necessary, it is indispensable. This opinion does not accord with that of a great number of the profession. They say that the views of specialists are narrow and illiberal and that they magnify local ailments, neglect general treat-



ment and that men of one idea are formed by specialism. But these are not true and valid arguments. There are men, certainly, who make a profession of special skill in general and in particular and who are incapable of appreciating the interdependence of all the organs. Such persons are specialists, but charlatans even though in the pale of the profession. Another class is the young men who begin by proclaiming themselves specialists. Such youthful pretenders are incapable of redeeming any promises their attitude implies. Any step forward must be taken from advances already made. It is safe to say that any general practitioner has more knowledge in special branches, and in general, than these precocious pseudo-specialists.

These are the throat-doctors who treat aphonia from aneurism of the aorta; the nerve-doctors who treat softening of the brain when it is Bright's disease; the eye-doctors who cure cataract by lotions; the womb-doctors who treat uterine hyperæmia with local applications.

The true specialist and the only one deserving of the name is the one having a knowledge of all and who feels himself impelled by aptitude to a certain branch. He must have had enough general practice to have learnt the entire interdependence of all the parts of the body.

There is a class of men, not so numerous as formerly, who still attempt to throw discredit upon the gynecologist, although admitting other specialties. Some are honest and believe their own words. They are simply ignorant and do not wish to learn. Others are dishonest and when they bray we know what is under the lion's skin. There is no branch of medicine more exposed to contumely, ridicule, etc., than gynecology, and that even at the hands of respectable physicians.

There are men who treat back-aches, head-aches, etc., for years without knowing that they are caused by wombs in a disturbed condition. These are the men who would put a blister to the top of the head to raise a falling womb.

I admit that there are incompetent practitioners of gynecology, who find uterine disease in every woman and armed with a speculum and lunar caustic leave their scars behind. But most important advances have been made in gynecology.

In view of the fact, that specialists have given all these important discoveries to the world at large, recognition is due to

them. Who would not seek the aid of the dermatologist for a disease of the skin; of the oculist for cataract? And who would not do this much for any confiding patient, when any special skill is necessary? The specialist ought to be welcomed. The practitioner is afraid that the specialist will absorb the fee he would otherwise get. This feeling is based on a misconception of facts. The specialist must draw from distant regions, beyond his own immediate neighborhood. He diminishes the general competition. If on no other ground, the specialist ought to be hailed and supported by the general practitioner. Meanwhile, the march of specialism is onward.

ROETHELN. By CHAS. WARRINGTON EARLE of Chicago.

The author began by giving the characteristics of the disease. In Chicago, there was an epidemic during February, March, and April. I had forty cases in my private practice.

CASE I.—Georgie Day, aged 10, had measles in infancy, no scarlatina and is vaccinated. Without any premonitory symptoms had a redness on the chest in weals similar to urticaria. The throat was not sore; the face was swollen a week. The acute eruption faded in 36 hours; but the skin remained mottled for ten days. There was slight fever, but no bronchitis. Twenty-one days after the eruption, his sisters were covered, in a few hours with an eruption and at its height the temperature was normal.

CASE II.—A gentleman became suddenly sick. Had pain in the bones and sense of heat in the nose and eyes. In a few hours, he had an eruption covering the whole body. Seventeen days, after, a patient of mine residing in the same house, was taken sick. He was free from bronchitis and had no premonitory symptoms except languor, sneezing, etc. In the space of a few hours he was covered with an eruption.

Rœtheln occupies the relation to measles that varicella does to variola. It is liable to be confounded with urticaria, roseola erythema, measles, etc. The absence of sore throat, of sequelæ and of fever together with the papular eruption, the coryza and photophobia may serve to aid in differentiating from other diseases.

The period of incubation is from 17 to 21 days. Sometimes

there is erythema present but it disappears rapidly ; and is generally confined to a small area, as the forehead or cheek.

Roseola more than any other affection will give trouble.

German measles is markedly contagious, Roseola is not, there are no symptoms affecting the eyes or nose. It is characterized by fever, restlessness and smooth rose-colored spots.

The salient point of German measles are :

It is a mild exanthem with no prodromal period. There is no bronchitis; the eruption is papular and the pulse is nearly normal with hardly any or no rise in the temperature. It was probably the disease described in 1492.

It has been denominated by various names. Some believe it to be an independant disease and others that it is a mild form of measles or scarlatina.

Rotheln is called German measles and could with equal propriety be called French or English. It is neither false, nor spurious nor bastard measles. It is a specific exanthem and not a mixture or modification of measles or scarlatina. It is not roseola or urticaria nor is it a second attack of either measles or scarlatina. Its etiology shows it to be contagious and epidemic and its relation to miasms is positive. Its period of incubation is from two and one-third to three weeks. In my experience it is 17 days. More adults have been affected in our epidemic. Emminghaus speaks of 6 adults in 130 cases; Smith 6 in 54 and 23 between five and ten. Infancy seems to be almost exempt; one quarter of the cases I observed were over 15 years of age.

The rich and poor seem alike liable to this disease.

In children no prodromal period has been observed ; in adults it is often present and consists of languor, chilliness, pains in the muscles, surface of the body flushed and a dizzy sensation sometimes. In children, the first thing noticed will be the eruption. The pharynx is sometimes red, not intensely so, and sometimes not diffused. I have never seen a white patch on the mucous membrane of the mouth or pharynx. The exanthem may be preceded by an erythema. I have noticed the eruption at first on the neck or chest and thence it spreads to other parts of the body. The spots have no tendency to appear in concentric rings.

In the majority of cases the temperature is normal. In a few cases of adults, it is increased.

The pulse is accelerated to a very slight degree being 70 to 85 at the height of the eruption.

Complications are pneumonia which has taken place in four cases; aphthæ or thrush or some other form of stomatitis has followed in some cases. Very slight rheumatism followed in a few cases. Dr. Smith of New York, believes diphtheria is liable to follow. There is a decided tendency to urticaria and in one or two cases, pemphigus has been noticed, but it only remained a few hours. Slight malarial trouble frequently complicates this affection.

Desquamation has been observed by me as a slight furfuraeous detachment, especially about the nose, in a few cases. The remarks of Drs. Smith and Vogel that desquamation is uncommon and very light agree with my observations. The exanthem usually disappears without any desquamation.

A German author says no case is on record of its occurring twice, but relapses make take place in for a few days to two weeks. I had two relapses at the end of the third day and one at the end of the twenty-first day this latter being attended with considerable abdominal pain.

Diagnosis is the most important question in regard to the whole subject. The disease is liable to be confounded with variola, varioloid, scarlatina, measles, erythema, urticaria, rubeola and roseola. The absence of severe head and back-ache, and the rapid disappearance in a few hours, of the eruption dispel any doubts in regard to it. The absence of fever, sore throat, bronchitis, etc., will readily enable a differential diagnosis to be made.

Rœtheln is a specific acute exanthem, characterized usually by slight coryza and suffusion of the eyes, followed by an eruption and enlargement of the cervical glands. The treatment must be based on general principles, and the disease itself tends to rapid recovery.

## ARTICLE L.

## INTERNATIONAL MEDICAL CONGRESS.

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SEVENTH SESSION HELD IN LONDON. AUG. 2 TO AUG. 9, 1881.

The Congress was inaugurated in St. James' Hall nearly three thousand members being present. After the arrival of the Prince of Wales, Sir W. Jenner made an address.

He was followed by Mr. MacCormac, the Secretary General who read a report. The Election of officers then took place Sir James Paget being elected President of the Congress. Upon his installation the Prince of Wales formally opened the Congress. The Opening Address was then delivered by Sir James Paget. In the Afternoon Session Prof. Virchow made an address on The Value of Experimental Pathology. The following are the addresses made in General Session :

Scepticism in Medicine. By Maurice Raynaud, deceased, read by Dr. Féréol, Paris.

Address on Medical Literature. By Jno. S. Billings, U. S. A.

The Germ Theory. By Prof. Pasteur, Paris.

The Connection of the Biological Sciences with Medicine. By Prof. T. H. Huxley.

After the reading of this paper various matters were taken up. Vivisection was endorsed; medals of honor were distributed. No place or date of meeting has been decided upon, this being left to the Executive Committee.

In the Various Sections addresses were made by the chairmen.

*Anatomy.*—The Museum of the Royal College of Surgeons England. By Prof. W. H. Flower.

*Physiology.*—The Work done for Physiology by Englishmen. By Prof. Michael J. Foster.

*Pathology.*—Pathology in its Relations to Disease, Decay and Death. By Samuel Wilks.

*Medicine.*—The Advances in Medicine. By Sir Wm. Gull.

*Throat Diseases.*—Address. By G. Johnson.

*Surgery.*—The Subjects for Discussion. By J. Erich Erichsen.

*Obstetrics.*—Review of Prominent Obstetricians of London. By Alfred H. McClintock.

*Diseases of Children.*—Progress in the Study of Infantile Diseases. By Charles West.

*Mental Diseases.*—The cure and Treatment of the Insane in England. By C. Lockhart Robertson.

*Ophthalmology.*—General Address. By W. Bowman.

*Otology.*—The Value of Operations in which the Tympanic Membrane is Incised. By W. B. Dalby.

*Dermatology.*—Address on Dermatology. By Erasmus Wilson.

*Diseases of the Teeth.*—Address. By Edwin Saunders.

*State Medicine.*—Meaning and Scientific Value of State Medicine. By John Simon.

*Military Surgery and Medicine.*—Address. By Prof. Thos. Langmore.

*Materia Medica and Pharmacology.*—Address. By Prof. T. R. Fraser.

The following is a list of the papers which were to be read in the various sections and with the exception of a few they were all presented:

#### SECTION I.—Anatomy.

1. On the Primordial Cartilage of the Human Skull. By Prof. Hannover, Copenhagen.

2. On the Firm Connection of the Embryo to the Chorion. By Prof. W. His, Leipzig.

3. On the Processus Supracondyloideus Humeri of Man. By John Struthers, Aberdeen.

4. On the Motor Portion of the Trigeminal Nerve. By F. Faesebeck, Brunswick.

5. On the Deep Origin of some of the Cranial Nerves. By Giambattista Laura, Turin.

6. Researches on the Minute Structure of the Spinal Cord. Ibid.

7. The Relation of Nerve-Supply to Muscle-Homology. By E. J. Cunningham, Edinburgh.

8. On the Elevation of the Insensitive Epiglottis by Position. By Benjamin Howard, New York.

9. On the Causes which Determine the Form of the Bones. By D. Lesshaft, St. Petersburg.

10. On the Situation of the Stomach, and the Relation which Exists between its Form and its Functions. Ibid.

11. The Subcutaneous Veins of the Trunk. By E. H. Fenwick, London.

12. The Cerebral Sinuses and their Variations. By J. F. Knott, Dublin.

13. Comparison of British and Continental Schools of Anatomy. By John Struthers, Aberdeen.

14. On the Use of the Model in Teaching Anatomy. By W. Keen, London.

15. The development of the Mammary Gland. By G. Rein, St. Petersburg.

16. Pelvimetry. By J. G. Garson, London.

17. On the Origin of Anencephaly and Spina Bifida in Birds and Man. By D. A. Lebedeff, St. Petersburg.

18. On the Relations of the Nucleus Tæniæformis with the Olfactory Nerve. By Prof. F. Randacio.

## SECTION II.—Physiology.

In this section only questions for discussion were to be presented to the members. A few papers were read but the time was chiefly occupied in discussing questions, proposed by the committee.

## SECTION III.—Pathology and Morbid Anatomy.

1. The Relations of Minute Organisms to Certain Specific Diseases. By Prof. Klebs, Prague.

2. Aspects of the Blood-spirillum in Relapsing Fever. By H. Vandyke Carter, London.

3. Relations of Minute Organisms to Specific Diseases. By Prof. Fokker, Groningen.

4. Ulcerative or Infectious Endocarditis. By Wm. Osler, Montreal.

5. The Relations of Minute Organisms to Unhealthy Processes arising in Wounds. By Prof. Lister.

6. On the Modus Operandi of Pathogenic Germs in the Production of Disease in the Human Body. By Geo. Harley.

7. Disseminated Tuberculosis not originating in a Primary Source of Infection within the Body. By C. Creighton, Cambridge.

8. Tubercle: Its Histological Characters, and its Relation to the Inflammatory Process, as shown in "Tuberculosis" of the Lymphatic Glands. By Fred Treeves, London.

9. On the Histology of Bright's Disease. By Prof. Grainger Stewart, London.

10. The Histology of Granular Kidney. By Robt. Saunby Birmingham.

11. Relation of Renal Diseases to Disturbances of the General Circulation and to Alterations of the Heart and Blood-vessels. By Sir. Wm. Gull and H. G. Sutton.

12. On Infective Nephritis. By Prof. Bouchard, Paris.

13. On Some Points of the Pathological Histology of the Spinal Cord. By W. B. Kesteven, London.

14. Morbid Anatomy of the Brain and Spinal Cord. By G. Pierret, Lyons.

15. On Calcified Epithelioma of the Sebaceous Glands. By Albert Malherbe, Nantes.

16. Researches on the Origin of Cancer. Ibid.

17. Observations on the Pathology of Fibroid Degeneration of the Heart. By F. Charlwood Turner, London.

18. Illustrations of the Mode of Extension of the Lymphosarcoma and its analogy with the Organization of Thrombi, Blood-clots etc. By Joseph Coats, Glasgow.

19. On Aneurism of the Larger Cerebral Arteries as a Frequent Cause of Cerebral Hemorrhage. Ibid.

20. A New Theory of Monsters. By Jules Guérin, Paris.

#### SECTION IV.—Medicine.

1. Localization of Disease in the Brain and Spinal Cord,



so far as Pathognomonic and Diagnostic. By C. E. Brown-Sequard, Paris.

2. Epileptiform Convulsions from Cerebral Diseases. By J. Hughlings Jackson.

3. On Graphic Representation of Tendon Reflexes. By Prof. Eulenberg, Greifswald.

4. On Percussion of the Skull in the Diagnosis of Disease of the Brain. By Alex. Robertson Glasgow.

5. Pathology of Basal Brain Tumor with Demonstration of a very Rare Case. By F. Müller, Graz.

6. Contribution towards Jackson's Epilepsy and Localization of the Arm-Centre with Demonstration of a case of Isolated, Circumscribed Convex Lesion. Ibid.

7. On Certain little recognized Phases of Tabes Dorsalis (Locomotor Ataxy.) By Thos. Buzzard, London.

8. On the rôle of Syphilis as a cause of Locomotor Ataxy. By Prof. W. Erb, Leipzig.

9. Perforating Ulcer of the Foot as connected with Progressive Locomotor Ataxy. Prof. Ball, Paris and Dr. Thibierge.

10. The Inferior Cervical Ganglion considered as a correlating Nerve Centre: instances in which it determines the Localization of Morbid Phenomena, and the Evidence thereby afforded of the Existence in the Economy of Correlated Tissue Tracts. By Edw. Woakes, London.

11. On Addison's Disease. By Edward Headlam Greenhow, London.

12. On the Origin and Cure of Scrofulous Neck. By T. Clifford Allbutt.

13. Eczema and Albuminuria in Relation to Gout. By Alfred Baring Gould.

14. On Rheumatism, Gout and Rheumatic Gout. By Jonathan Hutchinson, London.

15. On the Diagnosis of that form of Renal Disease which is described by Klebs under the name of Glomerulo-nephritis. By Geo. Johnson, London.

16. Chronic Bright's Disease without Albuminuria. By F. A. Mahomed.

17. On Different Forms of Bright's Disease. By S. Rosenstein, Leyden.

18. What is the Clinical Value of the Examination of the

Urine in Bright's Disease? By Prof. Granger Stewart, Edinburgh.

19. The Analytical Study of Auscultation and Percussion, with Reference to the Distinctive Character of Pulmonary Signs. By Austin Flint, New York.

20. On the Value of Baccelli's Sign, "Pectoriloquie Aphonique" differential Diagnosis of Fluid Effusion into the Pleura. By R. Douglas Powell.

21. On Clinical Cardiography. By Prof. Adolph de L'Espine, Geneva.

22. Demonstrations of a Thermo Electric Apparatus designed for the Investigation of Local Morbid Temperature. By Paul Rédard, Paris.

23. Clinical Researches in Local Thermometry. Ibid.

24. On Two Preparations of Peptonized Food. By Wm. Roberts, Manchester.

25. The Treatment of Phthisis by Residence at High Altitudes. By C. Theo. Williams.

26. On Bacteria. By Wm. Roberts, Manchester.

27. On a method of Ascertaining the Activity of the Biliary Secretion in Different Morbid States of the Liver. By Prof. Lépine, Lyons.

28. Typhoid Fever considered as Fœcal Intoxication. By Jules Guérin, Paris.

29. Physiology and Pathology of the Stomach. By M. Leven, Paris.

30. An Inquiry into the Physiognomy of Phthisis by the Aid of Composite Portraiture. By Francis Galton and F. A. Mohamed.

31. General non specific Tuberculosis. By Jules Guérin, Paris.

32. Spasmodic Locomotor Ataxy. By Cesare Brunelli.

33. On the Influence of Rail-roads on the Nervous System of Travellers. By E. Tassi.

34. New Experimental Researches to demonstrate the Hematogenous Origin of Albuminuria in Bright's Disease. By Prof. Semmola, Naples.

35. On a New Type of Heart Disease. Ibid.

36. On the Comparative Value of the Therapeutic, Empiric and Rational Method. Ibid.

## SUBSECTION IV.—Diseases of the Throat.

1. Local Treatment of Diphtheria. By Morell Mackenzie, London.
2. Ibid. By A. Tobold, Berlin.
3. Ibid. By Lennox Browne, London.
4. Pathology of Laryngeal Phthisis. By Prof. Krishaber, Paris.
5. Ibid. By M. J. Rossbach, Wurtzburg.
6. Laryngoscopic Signs in connection with Injuries or Diseases of the Motor Nerves of the Larynx. By Prof. C. Gerhardt, Wurtzburg.
7. Ibid. By Prof. G. M. Lefferts, New York.
8. Neurosis of Sensation of the Pharynx and Larynx. By Prof. J. Schnitzler, Vienna.
9. Ibid. By Prof. L. Elsberg, New York.
10. Indications for Extra- or Intra-Laryngoal Treatment of Growths in the Larynx. By Fauvel, Paris.
11. Ibid. By Prof. Burow, Königsberg.
12. Results of Mechanical Treatment of Laryngeal Stenosis. By Paul Koch, Luxenburg.
13. Ibid. By Hering, Warsaw.
14. Indications for the Complete or Partial Extirpation of the Larynx. By D. Foulis, Glasgow.
15. Ibid. By Philipp Schech, Munich.
16. Galvano-Caustic Method in Nose, Pharynx, and Larynx. By Prof. Voltolini, Breslau.
17. Ibid. By J. Solis Cohen, Philadelphia.
18. Ibid. By R. Cadier, Paris.
19. Ibid. By Lennox Browne, London.
20. Ibid. By David Foulis, Glasgow.
21. Ibid. By Victor Lange, Copenhagen.
22. Adenoid Vegetations in the Vault of the Pharynx. By W. Meyer, Copenhagen.
23. Ibid. By Löwenberg, Paris.
24. Ibid. By E. Woakes, London.
25. Ibid. By Guge, Amsterdam.
26. Nature and Treatment of Ozæna. By B. Frænkel, Berlin.
27. Ibid. By E. Fournié, Paris.
28. Ibid. By Justi, Instein am Taunus.
29. Ibid. By H. Guinier, Caunterets.

30. On Chronic Discharge from the Nostril and Ozæma. By W. Spencer Watson, London.

31. On Syphilis of the Larynx. By D. G. Lewin, Berlin.

32. Case of Web in the Larynx, probably Congenital. By G. V. Poore, London.

33. On the Physiological Mucous Secretion in Larynx and Trachea, and Contributions to the Mode of Action of Expecto- rant and Astringent Remedies used in Catarrhal Processes of the Mucous Membranes. By M. J. Rossbach, Wurtzberg.

34. A Contribution to the Pathology of Catarrh. By Frank H. Bosworth, New York.

35. On Local Treatment of Whooping Cough. By Justi, Instein am Taunus.

36. Influence of Female Sexual Apparatus on the Vocal Organ and Formation of Voice. By L. Bayer, Brussels.

37. The Spray Producer; the best Means of Making Applications to the Superior Portion of the Respiratory Tract. By T. F. Rumbold, St. Louis.

38. On the Rôle of the free portion of the Epiglottis and of the Glasso-Epiglottic Folds. By H. Guinier, Caunterets.

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3. Laparotomy and Cystorrhaphy in cases of Perforating Wounds of the Bladder. By E. Vincent, Lyons.

4. Modification of Dr. Péan's Operation for the removal of the Uterus. By De Zwaan, Hague.

5. Extirpation of the Kidneys. By Prof. Czerny, Heidelberg.

6. The Diseased Conditions of the Kidney which admit of Surgical Treatment. Illustrated by three Cases:—Nephrotomy, in which Nephrectomy was subsequently performed; Nephrotomy; and Renal Lithotomy. By W. Marrant Baker, London.

7. On Some Points connected with Operations on the Kidney. By Arthur E. Barker.

8. Nephrectomy for Nephrolithiasis. By R. Barwell.

9. A Successful Case of Nephrectomy. By R. Clement Lucas, London.

10. Recent Advances in Lithotrity. By Prof. Bigelow.

11. Recent Advances in the Methods of Extracting Stone from the Bladder. By Sir Henry Thompson, London.

12. On Some New Instruments for performing Supra-pubic Lithotomy, by means of the "Thermo-Cantery," and Observations on the Cases suited for this Operation. By Th. Anger.

13. Bigelow's Operation; the Conditions of Stone and of the Urinary Organs favoring its performance. By Reginald Harrison.

14. Perineal Calculi. By C. Mazzoni, Rome.

15. The Causes of Failure in Obtaining Primary Union in Operation-Wounds, and on the Methods of Treatment best Calculated to Secure it. By Prof. Lister, London.

16. Ibid. By Sampson Gamgee, Birmingham.

17. Ibid. By G. M. Humphry, Cambridge.

18. Primary Union. By Verneuil, Paris.

19. The Forms of Aneurism in which Treatment by Esmarch's Elastic Bandage is applicable, and the Method by which a Cure is effected by its Action. By Walter Reid, British Navy.

20. Note on the Treatment of Aneurism by Esmarch's Elastic Bandage. By Edw. Bellamy, London.

21. The "Modus Operandi" of Esmarch's Elastic Bandage in the Treatment of Aneurism. By A. Pierce Gould, London.

22. On the Comparative Value of Early and Late Excisions in Different Forms of Articular Disease. By Ollier, Paris.

23. On the Results of the Treatment in Chronic Disease of the Knee Joint, including an Account of Fifty Resections of the Joint. By Prof. Kocher, Berne.

24. Suppuration within Right Knee Joint; co-existing Necrosis of Right Tibia: drainage of Knee Joint by Channels gouged out through head of Tibia from below. Bony ankylosis. Subsequent fracture through head of Tibia. Recovery. By W. Newman, London.

25. On the Relations between Adenoma, Sarcoma and Carcinoma of the Mammary Gland in the Female; their Diagnosis in the Earlier Stages of Disease, and the Results of their Treatment by Operation. By Samuel Gross, Philadelphia.

26. The Modifications of Syphilis in Tuberculous, Gouty, and other Constitutions. By Verneuil, Paris.

27. Notes of a case of Rupture of the Brachial Plexus and Right Subclavian Artery. By W. Mitchell Banks, London.

28. Apparatus for giving Anæsthetics with Precision. By J. T. Clover.

29. The Different Opinions on the Varieties of Chancre in London and at Paris. By C. H. Drysdale, London.

30. On Partial Excision of the Bladder. By Adolf Fisher, Buda-Pesth.

31. An Irrigator for the Urethra. Ibid.

32. Irrigator for the Nasal Cavities. Ibid.

33. On Fractures of the Lower Jaw. By Thos. Brian Gunning.

34. On the Pemanent Retention of an Œsophageal Botgie. By Krishaber, Paris.

35. On the Etiology of Congenital Club-foot. By Wm. J. Little, London.

36. The Treatment of Fractured Femur. By Rushton Parker, Liverpool.

37. Case of Gastrotomy performed for Stricture of the Œsophagus in a woman aged 66, who survived the Operation 18 months. By R. J. Pye-Smith, London.

38. A Ready and Convenient Antiseptic Dressing for Amputation or other Open Wounds in Field Hospitals. By S. Sherrel, Brooklyn.

39. On the Cure of Hernia, in relation to Parents and the Profession. By W. D. Sparton.

40. Removal of the Entire Tongue with Scissors through the Mouth. By Walter Whitehead, Manchester.

41. The Radical Cure of Urethral Stricture by Dilating Urethotomy. F. N. Otis, New York.

42. The Cure of White Swelling by means of Electrolysis. By Prof. Agnello l' Ambrosio, Naples.

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3. Parallel between Embryotomy and Cæsarean Section. By G. Eustache, Lille.
4. Proposal for a Common Nomenclature in Obstetrics. By Prof. A. R. Simpson.
5. On the Surgical Treatment of Prolapse of the Uterus. By G. Eustache, Lille.
6. Oöphorectomy. By Robt. Battey, Rome Ga.
7. Ibid. By Thos. Savage, Birmingham.
8. The Exciting Cause of Attacks of Hysteria and Hystero-Epilepsy. By Graily Hewitt, London.
9. The Curability of Uterine Displacements. By Paul F. Mundé, New York.
10. On the Influence of Uterine Disorders in the Production of Numerous Sympathetic Disturbances of the General Health and Affections of Special Organs. By Arthur W. Edis.
11. On the Mechanical Treatment of some of the "Displacements" and "Diseases of the Uterus." By R. Beverly Cole, Cal.
12. Improvement in the Construction and Application of Uterine Repositors. By D. E. Verrier, Paris.
13. Total Extirpation of the Uterus. By Wm. Freund, Strasburg.
14. On Intra-uterine Medication, more especially by Mopping by means of the Graphidometre. By P. Ménière, Angers.
15. The Reparative Surgery of the Genital Tracts. By Mont. A. Pallen, New York.
16. On Laceration of the Cervix Uteri. Its Causes and Treatment. By G. Henry Bennet, London.
17. Amputation of the Neck of the Uterus for Chronic Metritis. By A. Le Bond.
18. A New Hysterometer. By P. Ménière, Angers.
19. Improvements in the Construction and Application of the Forceps. By Tarnir Paris.
20. On the Curves of Midwifery Forceps. By Prof. I. Lazarewitch, Kharkoff, Russia.
21. Further Remarks on the Use of the Intermittent Contractions of the Pregnant Uterus as a Means of Diagnosis. By J. Braxton Hicks, London.
22. On a Peculiar Disposition of the Ova, in Twin Pregnancy. By P. Budin, Paris.

23. The Clinical Features, Anatomy and Uses of the Genu-Pectoral Posture. By David Berry Hart, Edinburgh.

24. On the Treatment of Puerperal Hemorrhage. By Barnes, London.

25. On the Prevention and Treatment of Post-Partum Hemorrhage. By Thos. More, Dublin.

26. On Trismus and Tetany of the Uterus in Labor. By Geo. Roper, London.

27. On the Passage of the Ovum from the Ovary into the Fallopian Tubes. By R. J. Kinkead, Galway.

28. Accouchments by Electricity. By Apostoli, London.

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2. The Treatment of Spinal Curvature, with Special Reference to Sayre's Method. By C. H. Golding Bird, London.

3. On some of the Abuses of the Jacket Treatment of Spinal Disease. By Walter Pye, London.

4. On the Pathology and Treatment of Genu Valgum. By Henry F. Baker.

5. On the existence of two distinct forms of Eruptive Fever, usually included under the Head of Measles, and the Relation to them of so-called Rubeola or Rötheln. By W. B. Cheadle, London.

6. On the Real Position of Rötheln, Rubeola, or "German Measles." By Wm. Squire.

7. On Rötheln or German Measles. By M. Kassowitz, Vienna.

8. Contribution to the Study of Rötheln. By J. Lewis Smith, New York.

9. The Real Position of Rötheln or German Measles. By G. E. Shuttleworth, Lancaster.

10. On the Nature of the so-called Surgical Scarlet Fever. By Howard Marsh.

11. Hereditary Syphilis is the constant Cause of Rickets. By Prof. Parrot, Paris.

12. Notes on the Pathology of Rickets. By Adolph Baginsky, Berlin.

13. Syphilis and Rickets. By M. Kassowitz, Vienna.



14. On Syphilis as a Cause of Rickets and Malformation of the Teeth. By M. Bouchut, Paris.
15. The Surgical Treatment of Empyema. By C. Gerhardt, Wurtzburg.
16. Ibid. By Adolph Baginski, Berlin.
17. On Honeycombed Teeth, regarded as an Evidence of Infantile Convulsions. By M. Magitot, Paris.
18. Genu Valgum in Children. By Alex. Ogston, Aberdeen.
19. Remarks on the Pathology and Treatment of Genu Valgum. By Wm. Macewen, Glasgow.
20. On Genu Valgum, its Varieties and Treatment. By Little, London.
21. On the Pathology and Treatment of Genu Valgum. By B. E. Brodhurst.
22. Conditions governing the Occurrence of Paralysis and Albuminuria in Diphtheria. By A. Jacobi, New York.
23. The Nature and Mode of Propagation of the Contagion of Diphtheria. Ibid.
24. On Diphtheritic Paralysis and Albuminuria. By Jno. Abercrombie.
25. On Paralysis after Diphtheria and other Acute Febrile Diseases. By Wm. Squire.
26. Tracheotomy in Diphtheria. By Geo. Buchanan, Glasgow.
27. The Surgical Treatment of Croup and Diphtheria by the Introduction of Tubes into the Trachea through the Mouth. By Wm. Macewen, Glasgow.
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29. The Connection of Chorea with Rheumatism. By Paof. Steffen, Stettin.
30. On Subcutaneous Nodules connected with Fibrous Structures Occurring in Children the Subjects of Chorea and Rheumatism. By Thos. Barlow and Francis Warner.
31. On Chorea. By Octavius Sturges.
32. On the Relationship of Chorea to Rheumatism. By Stephen Mackenzie, London.
33. Ibid. Jno. W. Byers, Belfast.
34. Chorea. Ibid.

35. On the Treatment of Scrofulous Inflammation of Joints. By Prof. Hueter, Grifswald.

36. The Excision of Joints in Childhood, in Reference to the Subsequent Growth and Utility of the Limb. By M. Ollier, Lycns.

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2. On Megalomania. By A. Faille, Paris.

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4. Some of the Cranial Characteristics of Idiocy. By G. B. Shuttleworth.

5. Morphological and Histological Aspects of Cretinoid and Microcephalic Idiocy. By Fletcher Beach.

6. On the Relations of Insanity and Paralysis Agitans. By Prof. Ball, Paris.

7. Gout as associated with Insanity. By Rayner, London.

8. Exophthalmic Symptoms among the Insane. By Geo. H. Savage.

9. The Teaching of Psychiatric Medicine. By T. S. Clouston, Edinburgh.

10. On the Village Treatment of the Insane. By Peeters, Gheel.

11. Cerebral Localization and Hallucinations. By Prof. Tamburini.

12. Hypnotism. Ibid.

13. Mental Stupor. By D. Hack Tuke.

14. Brains of Criminals. By Prof. Benedickt, Vienna.

15. On Testamentary Incapacity. By Bucknile, London.

16. Morbid Appearances produced by Method of Hardening Nervous Tissues. By G. H. Savage.

17. Chemical Investigation and Diagnosis. By A. Wynter Blyth.

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3. On the Pathology of Glaucoma. By Priestley Smith, Birmingham.

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5. On the Operations to be Employed in the Various Forms of Glaucoma. By De Wecker, Paris.

6. Glaucoma treated by Sclerotomy. By C. Bader, London.

7. The Indications for Sclerotomy. By A. Abadie, Paris.

8. The Nature of Sympathetic Ophthalmitis and the Mode of its Transmission. By Prof. H. Snellen, Utrecht.

9. On the Pathology of Sympathetic Ophthalmitis. By W. A. Brailey, London.

10. How can Sympathetic Ophthalmitis be produced after Enervation? By M. Poncet, Cluny.

11. The Indications for Optico-Ciliary Neurotomy and Simple Ciliary Neurotomy. By A. Abadie, Paris.

12. On Oculo-Neural Reflex Irritation. By Geo. T. Stevens, New York.

13. The Antiseptic Method in Ocular Surgery. By Prof. Horner, Zurich.

14. Lister's Dressing in Extraction of Cataract. By Raymond, Turin.

15. On the Action of Foreign Bodies introduced into the Interior of the Eyeball. By Prof. Th. Leber, Göttingen.

16. The Relation between Optic Neuritis and Intra-cranial Disease. Ibid.

17. The Relation between Ophthalmoscopic Conditions and Intra-cranial Disease. By Prof. Bouchut, Paris.

18. On Primary Retinal Hemorrhage in Young Men. By H. Eales, Birmingham.

19. Practical Observations on the Examination of Railway Servants and Seamen, as to Vision and Color Blindness. By Libbrecht, Ghent.

20. A New Method of Examining and Numerically Expressing the Color Perception. By Ole Bull, Christiania.

21. On Motor affections of the Eyes. By M. Landolt, Paris.

22. On Partial Tenotomy of the External Recti, in the

Treatment of Insufficiency of the Internal Recti. By A. Abadie, Paris.

23. A New Operation for the Cure of Ptosis. By Hermann Pagenstecher, Wiesbaden.

24. On the Subjective and Objective Determination of Astigmatism. By M. Javal, Paris.

25. Treatment of Detachment of the Retina by Injections of Pilocarpine. By M. Dianoux, Nantes.

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2. On the Etiology of Aural Exostoses, and their Removal by a New Operation. By Jas. Patterson Cassels, Glasgow.

3. Nerve Lesion Deafness. By M. Gellé Paris.

4. The Accomodative Apparatus of the Ear. Ibid.

5. The Development of the Tympanum. Ibid.

6. The Functions of the Eustachian Tube. By Ed. Fournié, Paris.

7. The Cotton Pellet as an Artificial Drumhead. By H. Knapp, New York.

8. The Sense of Touch as a Standard of Comparison for Hearing Power. By A. Gardiner Browne, London.

9. Parotic Deafness. By Edw. Woakes, London.

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11. Caseous Accumulations in the Middle Ear regarded as a Probable Cause of Miliary Tubercle. By Thos. Barr.

12. Some of the Difficulties presented in the Diagnosis, Prognosis and Treatment of a certain form of Middle Ear Deafness. By Mc Bride, Edinburgh.

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14. Certain Conditions of the Eyes as a Cause of Loss of Hearing by Reflex Irritation. By Stevenson.

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1. Dermato Therapeia. By Prof. Erasmus Wilson, London.
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3. Balano-postho Mykosis. By Prof. Oscar Simon, Breslau.
4. On the Etiology of Certain Squamous Forms of Skin Affections. By Angelucci, Rome.
5. A Case of supposed "Neurotic Excoriation." By Alf. Sangster.
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7. On Vaccinal Skin-Eruptions. By Gustave Behrend, Berlin.
8. General Inflammation of the Sweat-glands, following the Prolonged Internal Administration of Pilocarpine. By H. Rasori, Rome.
9. Prurigo or Eczematous Prurigo or Pruriginous Eczema. By W. Marrant Baker, London.
10. On Erythema Exsudativum Multiforme. By Prof. Lewin, Berlin.
11. On the Causes of Alopecia Areata. By Robt. Liveing.
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13. A Case of Occurrence of Dipterous Larvæ beneath the Human Skin. By Walter G. Smith.
14. A Critical and Historical Essay on the Sweat-Secretion. By Unna, Hamburg.
15. A Papillary Tumor of the Scalp, presenting peculiar Histological Characters. By Alfred Sangster.
16. Scleroderma Diffusa. By J. Herbert Stowers, London.
17. A Case of Congenital Abnormality in the Hair-production on the Scalp. By Geo. Thin, London.

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2. On Replantation. By Finley Thompson.

3. An Investigation into the Effects of Organisms upon the Teeth and Alveolar Portion of the Jaw. By Arthur Underwood and W. J. Mills.

4. Erosion of the Teeth. By Alfred Coleman.

5. Cause of Irregularities of Position of the Teeth. By Thos. Brian Gunning, New York.

6. The Origin and Treatment of Certain Irregularities of the Teeth. By Oakley Coles.

7. Civilization in its Relation to the Increasing Degeneracy of Human Teeth. By Norman W. Kingsley, New York.

8. A Generalized Treatment of Irregularities. By W. H. Coffin.

9. Dental Surgery in the Army. By Thos. Gaddes.

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2. On the Measures to be Pursued to Prevent Communication of Yellow Fever from Country to Country, or within any one Country. By Robert Lawson.

3. Measures by which to prevent the Diffusion of Dengue. By Jas. Christie, Glasgow.

4. On the Principles that should Guide us in Attempting to Prevent the Diffusion of Disease. By F. De Chaumont Netley.

5. The Importation of Infectious Disease into Liverpool, its Diffusion and the Measures of Prevention. By J. Stopford Taylor, Liverpool.

6. On the Prevention of Scarlet Fever. By David Page, Westmoreland.

7. On the Prevention of Syphilis. By Cunha Bellem, Lisbon.

8. On the Prevention of Venereal Disease. By Albert L. Gihon, U. S. N.

9. Measures by which to Prevent the Diffusion of Syphilis. By Henry Lee, London.

10. The Regulation of Prostitution in Vienna, and Syphilis. By C. K. Drysdale, London.

11. On the Precautions Necessary to Prevent the Diffusion of Hydrophobia. By H. Van Capelle, The Hague.

12. Grounds for Believing that the Tubercular Diseases of Animals which Supply Milk and Meat for Human Use is Communicated by such Food to Man. By C. Creighton, Cambridge.

13. On the Distinctive Characteristics of an Acute Specific Disease Produced by the Eating of Pork infested with a Species Bacillus. By Edw. Ballard, and E. Klein.

14. On Some Original Researches respecting Meat Poisoning. By Chas. Meymott Tidy, London,

15. The Influence of Milk in spreading Zymotic Diseases. By Ernest Hart.

16. Influence of Various Articles of Food in Spreading Parasitic, Zymotic, Tubercular and other Diseases. By Francis Vacher, Birkenhead.

17. The Prevention of Trichinosis. By Guitherma José Ennes, Lisbon.

18. The Influence of International Measures for Maintaining the Good Quality of Articles of Food and Drink. By Louis Grosz de Csataé, Buda-Pesth.

19. On the Adulteration of Food Supplies. By Walter Douglas Hogg, Paris.

20. Influence of Food on Health and Disease among the Working Classes in our Colonies. By Garwin Milroy.

21. On International Conditions of Admissibility to Practice. By Henry W. Acland, Oxford.

22. Precautions to be taken in Medical Nomenclature and Classification to Guard against False Statistical Conclusions. By A. R. Rabagliati, Bradford.

23. Sewage Irrigation a Sanitary Success. By Alfred Carpenter, Croydon.

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1. On Antiseptic Treatment of Wounds in the Field. By Lilburne R. N.
2. Ibid. By Dr. D. Port, Munich.
3. Disinfection of the Battle Field. By G. J. Ennes, Lisbon.
4. On Antiseptic Dressing of Wounds. By Beck, German Army.
5. On the Treatment of Injuries of Blood-vessels in the Field. By Prof. F. Esmarch, Kiel.
6. On the Transport of Sick and Wounded Troops in Time of War. By Marinus C. Gori, Amsterdam.
7. Medical and Surgical Notes on South African Warfare. By H. F. Norbury, R. N.
8. Splint for Transports. By Fagan, Belfast.
9. Transport of Sick and Wounded in Uncivilized Countries. By R. Vacy Ash.
10. How are we to Transport our Wounded in the Field? By Cunha Bellem, Lisbon.
11. On the Prevalence of Enteric Fever among Young Soldiers in India; its Causes, and the most Rational Means of Prevention. By W. C. Maclean, Netley.
12. On the Influence of the Contagious Diseases Acts on the Prevalence of Venereal Affections among the Troops serving in the United Kingdom. By Robt. Lawson.
13. Insolation or Sunstroke among Troops in Quarters or on the Line of March in Tropical Countries. By Sir Joseph Fayrer.

## SECTION XV.—Materia Medica and Pharmacology.

1. On the Action and Uses of Antipyretic Medicines, including the Influence exerted by Medicines administered internally upon Septicæmic and Allied Conditions. By Prof. Fokker, Groningen.
2. On the Introduction of an International Pharmacopœia. By Prof. Eulenberg, Greifswald.
3. On the Action of Various Poisons, especially Atropia, on the Heart of the Frog. By W. H. Gaskell.



4. The Physiological Action of Duboisia on the Circulation.  
By Geo. A. Gibson, Edinburgh.
5. On Bromide of Ethyl. By W. Squire.
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7. The Utility of Strychnia as an Expectorant. By J.  
Milner Fothergill, London.
8. Lethal Doses of Different Aconitines. By Prof. Plugge.
9. Nature and Limits of Physiological Antagonism. By  
Wm. Murrell.
10. Papayotin. By Prof. Rossbach, Wurtzberg.
11. Action of Sulphate of Quinine in Glycosuria. By Jules  
Worms, Paris.

## Periscope.

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### ARTICLE LI.

**REMOVAL OF MEMBRANA TYMPANI.**—Dr. Adams, Prof. of Otology, in the Medical Department of Denver University, in an article in the *Rocky Mountain Medical Review*, urges the desirability of cutting out more or less of the drum membrane in cases of closure of the Eustachian tubes, dry catarrh of the middle ear, tinnitus aurium, etc. Through this opening, inspissated mucus can be removed, medicinal applications made, or bougies passed.

He usually dissects out two triangular segments: one above and one below. Sometimes he removes the entire membrane, except a peripheral ring and an oblique strip running from above downward and backward, which includes the manubrium of the malleus. The openings are kept patent by means of pledgets of absorbent cotton retained in them, cotton being introduced also into the canal to keep out dust. As soon as treatment is suspended, the membrane rapidly reproduces itself and the openings close.

We have space for a report of one case as given by him:—

J. S., forty five years of age, applied for relief from deafness in the right ear. After examining this ear I requested him to turn around, that I might examine the one on the opposite side. He protested, and said there was no necessity for that, as he never recollected hearing out of the left ear, that he came to me to have the *right* ear treated, that he was very much afraid of losing his hearing on that side, and if he did he should be totally deaf. After explaining to him the necessity of an examination of both ears for purposes of comparison, he, however, consented.

The membrane in this ear appeared to have lost all vitality, was retracted and shrivelled, and in the anterior segment there was an indenture, as though something from behind was drawing it in; in places it was atrophied and assumed more the appearance of tissue paper than anything else. On finishing the examination I told him I could certainly benefit his hearing

on the right side, and that I also *might* be able to give hearing in the left ear if he would allow me to perform an operation; that I could not promise anything positive, however, but that I should like to try. He laughed and said I might as well try to make a stone hear. That he was now upwards of 45 years of age, and had never heard anything with the left ear. He finally consented to the operation, which consisted in excising the entire membrana tympani with the exception of the *annulus tympanicus*, and a narrow strip, corresponding to the line of insertion of the manubrium of the malleus. The tympanum was found to be partially filled with hardened mucus and other inflammatory products, which were removed by instruments and warm injections. Warm bicarbonate of soda solutions were poured into the ear while he lay upon the opposite side, and allowed to remain there for from five to ten minutes. After continuing this treatment for a few days, resolvent and stimulating applications were made to the middle ear, and subsequently the membrane allowed to heal up. Within ten days he could hear as well with the left as with the right ear, which had also been benefitted. The excised portions were reproduced, and the new membrane looked very much more like a normal one.—[*Ohio Medical Journal*.

WHAT IS PYÆMIA?—According to *Delafield*, under the name of pyæmia are commonly understood several different conditions, giving rise to different lesions :

1. Septicæmia.—In this, some portion of the body is in a condition of gangrene; that is, the tissues are not only dead but decomposing, with the evolution of gases, the softening and liquefaction of the solid parts, and the development of minute organisms, either animal or vegetable. The gangrenous fluids thus produced are, apparently, absorbed by the lymphatics and blood-vessels, and are thus able to produce marked symptoms during life, and to produce death.

2. Simple pyæmia.—Persons who have suppurating wounds or abscesses may, without much change in the wound or abscess, be seized with rigors followed by fever, become jaundiced, and die.

3. Metastatic pyæmia.—This is a very different condition from the other two, and may be accompanied with marked lesions.

By the agency of various changes about the wound, substances are absorbed which produce in various parts of the system multiple abscesses and hemorrhagic infarctions.

*Agnew.*—The fevers that follow wounds are divided into three kinds :

1. Simple traumatic infective fever.
2. Secondary traumatic fever.
3. Complicated traumatic infective fever.

The secondary traumatic fever may imitate a hectic fever.

The complicated traumatic infective fever includes what are generally known as septicæmia and pyæmia. But Agnew discards the term pyæmia.

*Billroth* classifies the fevers following wounds into—

1. Primary traumatic fever.
2. Secondary traumatic fever.
3. Septicæmia.
4. Pyæmia.

By septicæmia he understands a constitutional acute disease which is due to the absorption of various putrid substances into the blood, which is thereby spoiled so that it cannot fulfil its physiological function.

Pyæmia is a disease which we suppose to be due to the absorption of pus or its constituents into the blood. It is symptomologically characterized by intermittent attacks of fever, etc., and in its pathological anatomy by abscesses and diffuse inflammations. It is clinically distinct from the other varieties.

*Fordyce Barker* believes septicæmia and pyæmia to be distinct clinically, and, probably, distinct pathologically. There are more evidences of cerebral disturbance, more diarrhœa, fevers, chills, and symptoms come on earlier in septicæmia than in pyæmia.

*Greenfield* considers pyæmia and septicæmia to be distinct, but attributes both to an invasion of the system by microscopic organisms.

*Erichsen.*—Pyæmia is a name applied to a group of pathological conditions. These include (Virchow) (1) leucocytosis,

(2) the formation of thrombi with resulting emboli and abscesses, and (3) an absorption of ichorous matter producing the condition known as septicæmia.

*Gant* and *Ashhurst* adopt essentially the same view as *Erichsen*.

*Aitken*.—Pyæmia is a febrile affection generally sequent on wounds, suppurative inflammation of bone, the puerperal state, or surgical operations, resulting in the formation of secondary abscesses in the internal visceral organs (most frequently in the lungs, the liver, kidneys, spleen, and brain), and also in the joints and connective tissue—sometimes, but not necessarily, associated with phlebitis or embolism. Under this head there is a class of cases which are prolonged and essentially chronic, in which fever does not reach a high degree of temperature, but in which the suppurative tendency is necessarily expressed in many organs and in different parts of the same organ. This is in reality *septicæmia*. There is another class of cases in which superadded to the septicæmia is the suppurative tendency which expresses itself in multiple abscesses, this is *true pyæmia*.

*Virchow* denies that there can be proved to exist any such thing as morphological pyæmia. The name, as designating a definite change of blood, must be abandoned. As commonly used it covers one or more of the three pathological conditions referred to in the quotation from *Erichsen*.

*Callender* ("Holmes' Surgery"), adopts essentially *Virchow's* view, and urges that the name pyæmia be applied only to the condition in which there is formation of thrombi, with fibrinous infection and metastatic abscesses therefrom.

*Bristowe* ("Reynolds' System").—Pyæmia is a disease the most characteristic features of which are (1) its supervention on certain special conditions of the system; (2) the occurrence of rigors, with perspirations; (3) the presence of jaundice; (4) the formation of external abscesses; (5) the great prostration and early death; (6) the occurrence of certain characteristic lesions easily recognized after death.

*F. H. Hamilton*.—The specific causes and the precise pathological character of pyæmia are not yet fully determined. There is much probability, however, that it is a variety of septi-

cæmia, and that it is induced by the reception into the system from suppurating depots of certain septic elements, or of elements which have undergone a gangrenous or, possibly, only a suppurative degeneration.

The symptoms are irregular chills, with profuse perspiration, great prostration, vomiting, delirium, sweet breath.

*Lidell* considers pyæmia as a species of septicæmia, or blood-poisoning; clinically distinct, however, from septicæmia, but to be arranged under the same genus.

*Wagner*.—Pyæmia is divided into two forms:

1. Septicæmia.
2. Embolic or septicopyæmia.

Pyæmia is defined as a disease, usually acute which starts in a purulent or ichorous focus, and is caused by the absorption from this focus, or its vicinity, of mechanical or chemical noxious, so-called septic or putrid substances.

*Bryant*.—According to this author, traumatic fever, septicæmia, and pyæmia, are all names for one condition, viz., blood-poisoning. These different forms of blood-poisoning differ in degree, not in kind. Traumatic fever may pass into septicæmia, and septicæmia into pyæmia.

The variety of statement and of definition in the above, indicates less real discrepancy than would appear. Some of the authorities quoted are antiquated, while the more modern ones are substantially agreed in fact, if not in letter. The view that what used to be known, and still is recognized by some, as pyæmia, is only a form of septicæmia, is the one generally held by modern pathologists. Pyæmia is an intenser form of septicæmia, having clinical and morphological characters of its own. The word pyæmia, however, ought to be abandoned, for its etymology conveys a wrong idea of the real pathology of the diseases.

Most surgical writers have little claim to speak authoritatively on pathological points. It is note-worthy that Hamilton and Agnew, in their "Surgeries," come nearer to accuracy than the others that we have quoted.—[*Medical Record*.

**THE BELL INDUCTION BALANCE FOR DETECTING BULLETS.**—The ingenious instrument devised by Prof. Bell, for detecting the location of the bullet in President Garfield's wound may prove a very valuable addition to our surgical resources. It is of such general as well as special interest, that we believe our readers will be pleased to have a full description of it laid before them.

The balance, as now modified, though not essentially new in principle, is more sensitive to small masses of metal at a distance, and better adapted to the requirements of military surgery than anything of the kind hitherto devised. The apparatus, in its present improved form, consists of two flat coils, about four inches in diameter and one-half an inch in thickness, of insulated copper wire; a battery, a condenser, an interrupter or circuit breaker, and a telephone. The ends of the primary or inducing coil, are connected with the poles of the battery, and in the same circuit are a condenser and a small interrupter, whose vibrating tongue opens and closes the circuit with great rapidity. The ends of the secondary coil, in which the current is to be induced, are carried to the binding posts of a Bell telephone. When the connections have thus all been made, the secondary coil is laid on the primary or inducing coil, so that their respective circumferences exactly coincide. The circuit breaker is then set in motion, and the rapidly interrupted current through the primary coil induces another current of higher intensity in the secondary coil, and, as it does so, a loud musical tone is heard in the telephone with which the secondary coil, is connected. As long as the current is maintained and the circumferences of the two coils are kept in exact coincidence, the musical note in the telephone does not change its pitch or intensity. If however the experimenter slides the upper coil along an inch or so upon the corner, so that their circumference no longer correspond, the intensity of the musical tone is diminished, and just in proportion as the centres of the flat coils are separated by a greater or less distance the intensity of the musical tone is lessened or increased. When the upper coil has been slidden over the lower, so that they simply overlap, the centre of one corresponding nearly with a point on the circumference in the other, the musical tone in the telephone ceases. If the upper coil be pushed a little further to one side, so that it overlaps still less, the tone is again heard. By delicate manipulation it is possible to adjust the centres of the overlapping coils at such a distance,

one from the other, that a perfect balance is brought about, and when this is the case, the telephone makes no sound whatever. The centres of the overlapping coils cannot then be moved either toward or away from one another without causing the telephone to break its silence.

When the coils are thus balanced and the telephone is mute, it is found that what may be called the area of coincidence, or, in other words, the area of the overlapping parts of the two flat coils has become highly sensitive to the approach of metal, and manifests its sensitiveness by a low note in the telephone. As long as metal is kept away from this area the telephone remains silent, but if a piece of lead, for example, is brought within a distance of four or five inches from the overlapping parts of the coil, there may be heard in the telephone a faint but clearly perceptible note, which becomes louder and louder as the metal approaches the sensitive surface, and throws the coils more and more out of balance. It will readily be seen that under the guidance of the telephone, the small area bounded by the intersecting circumferences of the overlapping coils, can be placed exactly above a bullet or other piece of metal embedded in the body, provided the metal does not lie at too great a depth. As soon as the balanced coils begin to feel the disturbance caused by their approach to the imbedded bullet, the telephone announces the fact by a faint, continuous musical note, and this note grows louder and louder until the overlapping parts of the coil are directly above the disturbing metal, when the sound reaches its maximum. For convenience of application to the body the coils used by Professor Bell were mounted in a rectangular piece of walnut, about seven inches in length by four in breadth, with screw posts at the corners for the wires and a handle at the back, by which it could be held.

The apparatus audibly and unmistakably detected the presence of a leaden bullet held at a distance of three and one-half inches from the sensitive area of the secondary coil, this being a half inch beyond the distance which Professor Bell set himself the task to attain. Even greater, though less pronounced results have been attained: a bullet disclosing its presence in one experiment at a distance of five inches. In this experiment a curious fact was noticed. At a distance of three and a half inches or less, the fundamental musical tone of the vibrator was conveyed through the telephone to the ear of the



operator. But when five inches distance was reached, the resultant tones were two octaves or more higher than those of the vibrations. Thus, in some mysterious manner, the laws of harmony are found to be related to those of electricity, and may in the future play a not unimportant part as an auxiliary to the work of practical surgery.

An old soldier who was shot in the breast in the war of Rebellion, and who still carries the bullet in his person, was made the subject of experiments, and the presence of the metal below the shoulder blade was made distinctly audible.—[*Medical and Surgical Reporter*.

AN UNUSUAL CASE OF STRANGULATED HERNIA.—Dr. Geo. Jewett writes to the *Boston Medical and Surgical Journal* of a curious case which we reproduce in full.

Was summoned at midnight, April 9, 1881, to visit a patient of Dr. W. H. Shepard in Westminster, from whom I learned the following facts:—

The patient, Mr. Perkins, was about fifty-five years old; had left inguinal hernia for many years, for which he had worn an ordinary truss with perfect relief until within the past four months, since which time the use of truss was unsatisfactory, and he became aware that the hernia could not be fully reduced. April 7th went to bed well; on the morning of the 8th felt pain at epigastrium, with nausea, when the hernia appeared in an unusually large volume, filling the scrotum. He observed it was larger and harder than ever before, but reduced it entirely as it seemed to him, without much difficulty. He remained quiet the remainder of the day, nothing occurring until the afternoon of the 9th, when the hernia reappeared larger and harder than ever, and could not be reduced. He soon sent for his physician, who also failed in taxis. At time of my visit there was prostration, nausea, but not much vomiting. The tumor was large, very hard, and not resonant, nor markedly tender. Without effort at taxis I introduced an aspirator needle, and drew, by estimate, about five ounces of bloody serum, which soon coagulated upon standing. Decided to give opiates, apply ice, and wait till morning. Nine A. M. Patient had nausea; not much pain; had slept some; hands and feet cyanosed and cool; nose and ears cool; was evidently sinking. The hernial

tumor was still larger, apparently solid. The patient etherized, instruments and hands carbolized, I proceeded to operate without delay. The tissues covering sac were much infiltrated. On opening the sac a jet of bloody serum spurted freely, and a coil of intestine, livid in color, was exposed; two or three long, well organized clots were floating in the serum.

A careful examination of the strangulated gut showed the serous coat had been stripped off for a space one inch in width and two in length. The outer margin revealed a thickened mass of lymph, which had glued the intestine to the scrotal wall, and recently had been torn from its connections. A bloody serum oozed from the abraded surface. The stricture was high up, and when relieved the intestine could not be fully returned. Exploring the region of the obstruction, I found a fibrous band binding the intestine to the abdominal wall as far as I could reach. This I carefully separated as far as possible with my index finger, cleansed and carbolized the parts, and returned the contents to the abdomen without further difficulty. The cut surfaces were carefully cleansed, and as the wound was partially closed the patient began to cough when considerable bloody serum and clots were forced from the abdominal cavity. After some further delay the dressing was completed. The patient made a good recovery, and a month or thereabout after expressed himself in good condition for business.

NOSTRUMS IN THEIR RELATIONS TO PUBLIC HEALTH—Albert B. Prescott, M. D., F. C. S., in an able article on this subject published in the *Physician and Surgeon* says:

It may be submitted now that *the use of patent medicines without a knowledge of their composition does injury to the health of the people.*

1. Because they may, and in fact sometimes do, contain powerful or poisonous articles unsuspected.

2. Because they always may be, and often are, inert, and become a false reliance to the neglect of other and due measures in the care of health.

3. Because they are liable to be changed in composition, so that any experience of their effects, as they are purchased at one time, is not conclusive as to the same-named articles purchased at another time.

4. Because it is submitting disease to the treatment of a distant and irresponsible stranger and hazarding health in an apparent game of chance.

5. Because they are trusted to act as antidotes in the sense in which no medicines can so act.

6. Because they favor excessive recourse to medication, and thereby increase the resort to physicians and intensify the demand for the physicians to give medicines whether needed or not.

7. Because their analysis shows the greater part of them to be given with multiplied falsehood, and the patronage of falsehood must be demoralizing both to the mind and to the body.—  
[*Louisville Med. News.*

SYPHILIS AND TABES.—Erb. in *Centralbl. f. d. Wissench.*, Nos. 11 and 12, 1881.

The author investigated the relation between Syphilis and Tabes, and found in 100 cases under his observation :

Without previous chancre or syphilis.....	12 per cent
With previous chancre and syphilis.....	88 per cent
Of the latter with secondary syphilis.....	59 per cent
Of the latter with chancre without secondary.....	29 per cent

He found with regard to the period at which tabes occurred after infection as follows :

Between 1 and 5 (never before three) years.....	17 cases
“ 6 and 10 “ .....	37 “
“ 11 and 15 “ .....	21 “
“ 16 and 20 “ .....	3 “
“ 21 and 25 “ .....	5 “
After 31st year “ .....	2 “
Unknown “ .....	3 “

In order to remove any doubt as to his material of observation being mostly syphilitic he calculates the percentage of syphilis occurring in 400 patients not treated for tabes or direct syphilitic diseases, and that of these only 23 per cent had had a chancre.—[*Pacific Med. and Surg. Journal.*

HAY FEVER.—M. DE BUDBERG; in a communication to the Société Vaudoise de Médecine, calls the attention to the value of the method of treatment devised by Helmholtz, which is less

widely known than it should be. The first case was observed by M. de Budberg in an Englishwoman, who had suffered from it for twenty years. The treatment employed consisted of nasal irrigations of solution of quinine, recommended by Helmholtz (1 part in 750 of water). This irrigation brought away masses of brownish mucus, in which were found small round yellow corpuscles, of smaller dimensions than the blood-corpuscles. It did not contain either vibrios or bacteria. After two or three douches, the patient was perfectly well. The attack was arrested from that time. A solution of chlorate of potash was employed, and no relapse occurred, although the patient frequently passed flowering meadows. Every time that she attempted to suspend the treatment, a relapse occurred, which, however, was promptly ameliorated by the use of the douche. M. de Budberg thinks that the yellow corpuscles found in the nasal mucus of this lady were pollen-corpuscles. The nasal douche freed the mucous membrane from them; hence its curative effect. In cases in which the mucus contained bacteria, Helmholtz's solution of quinine would probably be indispensable. In all cases, it is necessary that the douche should be made most carefully, so as to entirely wash out the whole of the nasal mucous membrane. Dr. Blackley, in his excellent monograph, relates that he induced hay fever in his own person by the introduction, on the nasal mucus membrane, of various kinds of pollen. He cites more than sixty different kinds of them—as a rule, graminaceous pollens.—*British Med. Journal*, July 2, 1881—[*Medical News and Abstract*.

**THE FORMATION OF TRICHINÆ CYSTS.**—The mode of formation of the cysts of trichinæ has been studied by M. Chatin, and described in a communication to the Académie des Sciences. It was formerly said to be formed partly from the contractile tissue, and partly by a secretion from the nematoid, but his opinion was based only on some apparent differences in the thickness or aspect of the cyst wall, and not on any careful study of its formation, which necessitates the examination of animals dying or killed in different stages of the affection. When it arrives in the muscles the worm forms adhesions with the interfascicular tissue, in which rapid changes occur. The elements increase in size, and during the growth of the protoplasm it assumes the appearance of an amorphous mass; how-

ever, nuclei and vacuoles can be seen, which seem to indicate that the mass consists really of aggregated cells. By the growth of this the primitive fibres are compressed. In the new protoplasm fine proteoid granulations are first observed, and then other granulations which present all the reactions of glycogen. Then follow important changes in the periphery of the granular mass, containing the trichinæ, now curled up in the interior; the outer surface becomes distinctly thickened and indurated, and may then become lamellated or present granulations or folds. The sarcolemma takes no part in the formation of the cysts except occasionally furnishing it with a purely adventitious layer. Moreover, when the nematoid contracts its first adhesions to the sarcolemma, and not to the interfascicular tissue, it rapidly dies without determining a new formation.—[*Med. and Surg. Reporter*.

ETHER AND CHLOROFORM.—In a recent discussion in the Philadelphia County Medical Society, Prof. Bartholow said he did not believe ether to be necessarily safer than chloroform, but that more deaths from ether may be anticipated when it “comes into more general use.” We are rather surprised at this statement, as it implies that ether has not yet had a fair comparative trial. That it has not been employed with nearly so great frequency as chloroform cannot be denied. Nevertheless there are many large cities and extensive regions of country on both sides of the Atlantic where it is used, and has been used for many years, almost exclusively, affording data quite sufficient for positive conclusions in regard to its safety. If there is any single fact beyond controversy, it is that chloroform is more dangerous than ether. Even if it be claimed that chloroform has been employed over ether in the proportion of 100 to 1, the number of deaths reported from it far exceeds that proportion. We notice that in the discussion referred to, the idea is expressed that if ether were administered as carelessly as chloroform, its fatalities would be increased. But is it not certain that chloroform is used with much the greater degree of care? So much confidence have the advocates of ether as to its safety that they are in the habit of giving it lavishly and even recklessly. We have no question that if no greater care and apprehension were associated with chloroform than with ether,

casualties from the use of the former would be largely increased.—[*Pacific Med. and Surg. Journal*.

**SYPHILITIC MANIA. COMPLETE CURE BY THE MIXED TREATMENT.**—The following case is reported in the *Revista Frenopatica Barcelonesa*. The patient was a young Spaniard, who had served six years in the Cuban campaign. Being entrusted with the treasury of two regiments, and executing his duties with great zeal, his position was the cause of mental fatigue. This probably brought about a cerebral congestion, which was followed by epileptiform seizures, extending over quite a space of time. Subsequently, a marked change was noticed in his disposition. Melancholia, loss of memory, and other symptoms of acute mania, together with an ambitious delirium, rendered it advisable to place him in an asylum. There it was observed that the elementary mental faculties were unaffected, but that the higher ones, reason, judgement, causality, etc., were completely deranged; association of ideas and co-ordination were lost. Acute general mania, with acute ambitious delirium and hallucinations, was diagnosticated, and ascribed to the common causes. Accordingly, opiates, chloral, and other nervous sedatives were exhibited, but only seemed to aggravate the malady. Finally the use of the strait-jacket became necessary. The patient gradually failed, and became emaciated; sores appeared upon the sacrum, and death was near at hand. At this juncture it was ascertained that the man had had syphilis, and the cause of the mania was patent. Under the use of the iodide of potassium, associated with hypodermics of corrosive sublimate, the effects of treatment were evident in a few days; the fever and delirium were diminished in intensity; the autophagism ceased, and the character of the sores changed. At the end of three months, the patient was dismissed cured.—[*Medical Record*.

**NEURALGIA OF OPHTHALMIC NERVE, WHERE LOCAL SYMPTOMS WERE SIMILAR TO THOSE RESULTING FROM GOUT AND RHEUMATISM.**—DR. A. S. MYRTLE, of Harrogate writes to the *Practitioner*: On February 16th, Mr. W., after looking out of a carriage window, the train being in motion, felt a sharp pain in the left eye; he thought a spark from the engine must have got into it, and that with fomentation and a night's rest it would come all right as on previous occasions. In this he was disappointed;

the eye became more painful, the vessels hyperæmic, sight dim, and to these symptoms were added shooting pains over left eye-brow and to the back of head on the same side. Still he was feeling otherwise well, and continued to go his business rounds, involving railway travelling, walking, and driving. On the night of the 19th he sought the advice of my friend Dr. Ward of Harrogate, who told him he was suffering from a very decided attack of rheumatic iritis. Atropia was dropped into eye, and mercury, opium, and ipecacuanha prescribed. Next morning all symptoms increased, and as Dr. Ward was going from home, and Mr. W. was going to Leeds, he consulted Mr. Pridgen Teale, who agreed with Dr. Ward both as to nature of case and treatment; at the same time he applied an artificial leech to left temple, removing about three ounces of blood.

21st.—Eye worse in every respect; pain in supra-orbital nerve intense, sight greatly impaired, hot, scalding tears very copious.

22nd.—Much the same. Went to Leeds, saw Mr. Teale; ordered a second bleeding by leech and treatment to be continued.

Matters continued much the same, Mr. W. going to business and seeing Mr. Teale now and again till the 3rd of March, when Mr. Teale ordered morphia hypodermically at bedtime, and I was asked to inject it. I examined the eye, found the pupil irregularly dilated by atropia, sight nearly gone, pain deep-seated, vessels full of blood, giving the whole eye the appearance of scarlet cloth, copious flow of tears, right eye tender, pain over entire left parietal region. I injected  $\frac{1}{4}$  grain morphia and  $\frac{1}{10}$  of atropia, and told him I thought it was folly and dangerous for him to leave the house. He then asked me if I would attend him.

4th.—No better; had three hours troubled sleep with profuse perspiration. On examination I was much struck to find the pulse 72, temperature natural, tongue clean, appetite good, all bodily functions apparently in normal state; he said, "Were it not for my eye I feel perfectly well and fit for anything." I prescribed salicylate of soda, colchicum, and morphia; applied a blister behind ear and anodyne colloid over left scalp. It so happened I saw Mr. Teale that night, and we talked over this case, both considering it to be of a gouty or rheumatic nature;



and as the right eye was becoming involved, we agreed that the best course to adopt would be to bring him rapidly under the influence of mercury by inunction. That night he was ordered full dose of chloral and bromide of potassium.

5th.—Found him in agony, sleeping draught no effect, eye now quite dark, pain at left occiput excruciating, right eye congested; still no constitutional disturbance, and this fact caused me to think that here we had neither gout nor rheumatism to deal with, but neuralgia. Accordingly instead of rubbing in mercury, I determined to try full doses of hydrochlorate of ammonia and cinchona. I also painted all around the eye with extract of belladonna. I went to see him late at night; first dose of medicine gave him relief, and after third, pain had entirely subsided. I saw him about 10 p. m., and could scarcely believe my own eyes, the change for the better was so great. Next morning I found he had passed the first good night since his eye began to pain him. On the 7th I took Mr. Teale to see him, and we could discover very few signs in the eye of its having been the seat of so much, and so long continued mischief. On the 9th he went out, and overdid himself; the pain with inflammation returned, eye ran with water, sight got cloudy. A return to the medicine was followed by immediate benefit. On the 12th I put him on arsenic and quinine, and on the 18th I dismissed him cured.

I have brought this case before you because the symptoms from the first led Dr. Ward, Mr. Teale, and myself to look on them as depending on gouty or rheumatic influences. For a fortnight he was treated accordingly, not only without benefit, but with a steady increase of local evil; then there was a total absence of constitutional derangement—a condition seldom found to exist in an individual charged with the gouty or rheumatic poison to such an extent as to be the cause of such severe and persistent local mischief.

Last of all we have the fact that so soon as the condition of the eye was treated as the result of a pure neuralgia, we had first of all immediate relief from acute pain, and speedy resolution of the hyperæmia and all its accompaniments. The failure in the treatment whilst that was directed to correction of the gouty or rheumatic diathesis was just as marked as was the success which followed the exhibition of remedies known to posses



curative properties in most cases of functional neuralgia. I don't remember ever meeting with any case where the action of a remedy so clearly demonstrated the pathology of disease. Compelled to treat it empirically, the special or specific treatment having failed, the success attending the administration of hydrochlorate of ammonia and bark (the former known to possess a sedative influence on localised and superficial pains of neurotic character), forces me to the conclusion that all the inflammatory appearances here had their origin in a functional perturbation of nerve force, external to the organ affected, and not from the presence of any *materies morbi* circulating within, such as we believe to exist in what are termed gouty and rheumatic constitutions.

IS THERE A SPECIFIC URETHRITIS?—In a "special article" in the September number of the *New York Medical Journal and Obstetrical Review* Dr. P. Albert Morrow handles the question of the specific or non-specific nature of gonorrhœa. After a fair statement and a close analysis of the arguments for and against specificity, he concludes that the position of the *virulists* rest altogether upon pure hypothesis, and is wholly untenable, while all the facts—experimental, clinical, and pathological—are overwhelmingly in favor of the non-specific character of gonorrhœal inflammation. When we apply the gauge of specificity to gonorrhœa it corresponds to none of the conditions of an undoubtedly specific inflammation. No artificial production of any disease belonging to this group is possible; a specific disease is the product alone of a specific poison. Gonorrhœa, on the contrary, may be due to a variety of causes—contagious, irritant (mechanical or chemical), diathetic, etc. Again, in all specific diseases there is between the time of infection and the first expression of the disease a period of incubation. No incubation, properly so called, characterizes gonorrhœa. A drop of this same gonorrhœal pus, which may require two or three days to excite suppuration of the urethra, will develop such effect in a few hours when applied to the conjunctiva, showing that the so-called incubation depends not upon the quality of the exciting cause, but upon the susceptibility of the mucous membrane. Another distinctive peculiarity of this group is that a single attack of the disease confers almost complete security from

another attack—a peculiarity precisely the opposite of what is observed of gonorrhœa. The morbid poison of a specific inflammation, once in action, continues until the textural predisposition to its special stimulus is exhausted. The patient is incapable of regenerating the poison or of being affected by it when exposed anew. Both of these conditions are negatived in the clinical history of gonorrhœa. Finally, specific inflammation determines special pathological changes and demands special treatment. Identical pathological processes are met with in urethritis from various causes, and the most radical of virulists treat all urethral inflammations, alike.

FOR INTERMITTENT FACIAL NEURALGIA AND CEPHALALGIA.

R

Dextro-Quiniæ.....grs, xxx

Ammonii Chloridi.....grs. xx

M. ft chart No. vj.

Sig—One powder three times daily, “promptly alleviates the suffering.”

Dr. W. Matthews.

## Correspondence.

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### ARTICLE LII.

#### EUROPEAN CORRESPONDENCE.

Steamship Ethiopia, Atlantic Ocean, Aug. 20th, 1881.

EDITORS JOURNAL.—It has occurred to me that it might be acceptable to your readers to receive from me some notice of my observations of the prevalence (in the streets of the cities which I have visited) of deformities.

My attention has been more especially directed to this subject by the exhibit to me of the mode of operating in deformities of lower limbs resulting from rickets practiced by Dr. Macewen of Glasgow. At the time of my first visit to Glasgow, in June, the frequency of these deformities, as observed on the streets, seemed to me greater than what I had seen in any American city. After Dr. Macewen's operation had fixed my attention to the subject I observed again with the same result.

The bending of the bones of the thigh and of the legs seemed out of proportion to the distortion of other bones; from which it is probable that while the bones are abnormally soft from disease, they yield under the weight of the body in attempting to walk. While in Glasgow, I failed to notice any instance of the deformity in children well-dressed and the same has been the case in other cities.

From this, it is to be observed that the disease and the consequent deformity are not the result, to much of an extent of peculiarity of climate.

The houses which the poor people live in, and the quantity quality and regularity of feeding are more probably the conditions upon which the disease of rickets generally depends. There are in Glasgow three conditions leading to a supposed explanation.

1. The houses in which the poor live are damp and the necessary economy of fuel with the poor must prevent the

proper warming and ventilation of their apartments. The absence of sufficient sunlight in a damp and chilly air may be supposed unfavorable to the proper fixation of lime on the bones in early life and perhaps in intra-uterine life.

2. The whiskey drinking for which Glasgow is preëminent may be considered as undermining the health of those poor people who habitually indulge in it, but it is chiefly active in occasioning that improvidence which results in the great and most active cases.

3. The insufficient and precarious food supply. The great demand of manufacturing and the consequent full employment for laboring men ought to make poverty unknown. The labor performed by laboring men ought to make every family comfortable, but we all know that drunkenness begets imprudence so that, aside from the money, directly spent in drinks, the time spent in drinking and in getting sober are only small parts of the mischief.

Under the mental influence of semi-intoxication money is spent while it is plenty and starvation prevails while it is scarce. The pregnant and nursing women and the young children are the greatest sufferers from these deprivations and irregularities, and the same causes arising in poverty which have their effects in insufficient food, are also the foundation of the necessity for damp and cold houses.

Again, a considerable portion of the laboring population of Glasgow live on ground which has been reclaimed from a marsh and though the climate may be too cold to produce ague, it is all the more fitted to produce scrofula.

The venereal taint might come in for a share in the causation only that in Tunis where the taint is equally prevalent, the disease is very rare.

Going from Glasgow to Edinburgh the defomities appeared frequently in the streets but not in so great frequency as in Glasgow and I noticed that the poor in Edinburgh live in the same way, in damp stone houses with extremely narrow streets with the same signs of poverty, as shown in ragged dress and in bare feet probably from the same cause of whiskey drinking.

Going then to London I was on the lookout for these deformities but with less prevalence of bare feet there was less prevalence of these deformities. I noticed that in London the poor

live more in houses of brick and it is probable that the less power of conducting caloric in brick, may lead to a smaller amount of deposit of dew upon the inner walls of the houses with a corresponding dryer condition of the air of the rooms.

The quarter of the poor in some parts of London exceeds anything seen in Glasgow and yet the bowlegs are rare compared with their frequency in Glasgow.

Going from London to Paris and looking for these deformities, I found them extremely rare and the appearance of extreme poverty also equally rare. The poorest people drink wine at meals and at other times and may be supposed to be almost constantly under a slight alcoholic stimulation. The excesses attendant upon the drinking of distilled spirits are rare.

Thence to Brussels, Antwerp, Rotterdam Amsterdam and Utrecht the same comparative absence of rickets appeared.

The climate of Holland and the local and damp condition of the ground upon which the houses are build might be supposed to favor the disease, but it is at the same time to be noticed that the poor generally live in houses built of brick, while there is at the same time an absence in a great degree of the appearance of that extreme poverty existing in Glasgow, Edinburgh and London.

The Parisians live generally in stone houses but their streets though often narrow are clean and the appearance of drunkenness is next to nothing. During the 24 days I was in Paris I saw only one person who seemed to be intoxicated.

My visits to the cities of Belgium and Holland were exceedingly brief so that my observations are less to be relied upon, but I do not remember to have seen an intoxicated person in any of their cities.

I am therefore driven to the conclusion that an extensive prevalence of rickets is not in the climate nor in the soil, but in poverty and the insufficiency and irregularity of food and of fuel therein resulting.

A sign of this poverty is the absence of shoes, and the general cause of drunkenness.

DAVID PRINCE, M. D.

## ARTICLE LIII.

## MALARIA.—NEGATIVE THEORY.

EDITORS JOURNAL:—Malarial fever is caused by the deficiency of oxygen in the air. In low lands, it is the prevalence of impure gases, replacing the oxygen; and of decomposing vegetable matter, consuming the oxygen, which cause its deficiency. On the mountains, it is simply the rarity of the atmosphere, which causes a deficient amount of oxygen. In either case this deficiency causes an imperfect oxydation of the blood, and a deficient combustion of worn-out material. The result is just what we would expect and what we see in malarial fever.

These impurities poison the system, lower the temperature and diminish the circulation of the surface and extremities. This congests the internal organs: the spleen, the brain, spinal cord, lungs, liver, stomach, bowels one or more, lightly or severely, as the case may be. This pressure on the vital organs causes the reaction, with fever, followed by perspiration and a temporary return to a normal condition. All the light we get from remedies points in the same direction.

We act on the secretions, eliminate impurities, stimulate for immediate relief, give nerve tonics for the main cure and blood tonics as permanent restoratives. Quinine is called an "antidote or specific". It is our best remedy simply because it is our best nerve tonic for immediate effect. By its influence on the nervous system it increases the oxydation and restores the circulation to the surface and extremities; in fact, restores temporarily all the functions and thus enables the system to resist the depression and throw off impurities. Iron increases the red corpuscles, the oxygen carriers of the blood; aids digestion, and repairs more permanently. Immediately on streams and large bodies of water there is less malarial fever than there is some distance back from the water, because water in large bodies is purifying to the air, absorbing impurities that would replace or consume oxygen. The most sickly places are those which have the most vegetable decomposition. This, of course, requires

some moisture—considerable vegetable matters heat. If this theory be true it will increase our esteem of oxygen as a vitalizer and the importance of ventilation to health. Scientific men will search for oxydisers of the blood and the air we breathe. We will find most causes of this disease of home manufacture.

Ironton Mo.

G. W. FARRER, M. D.

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#### ARTICLE LIV.

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#### MATERNAL IMPRESSIONS.

EDITORS JOURNAL:—Seeing an article in the JOURNAL discussed by the St. Louis Medical Society headed “Maternal Impressions”, I thought I would give you the history of two or three cases that came under my own experience. Allow me to say that I for one do believe in maternal impressions, for I have had at least five or six cases, in the last year, and I have given the subject considerable study and thought. The first case I will give you is that of a lady about 20 years old. First child one that has had splendid health all her life. Last summer a circus came to Hannibal; she wanted to go, the husband rather objected as she was in about the fourth month of pregnancy, but woman-like she overruled and went. There she saw an Albino lady and being the first one she ever saw, she became very much interested in her. She carried the child to full term, but when born right at the edge of the hair on the forehead was a lock of hair as white as snow the rest of the hair being dark. The child is now a year old and it has not changed any yet. The mother combs the other hair over it so as to hide the white lock, but a stranger will notice it the first thing. The next is a lady about 30; has given birth to three children; is healthy in every respect. When she was about three months pregnant a stranger stopped one day to get his dinner. When he came in she saw he had a hare-lip. She says she could not keep from looking at the man. Her husband came in, saw her looking at the man and told her to go out followed her out

and told her not to come where the man was any more as it might mark the child. She did not go back where the man was any more, but says she could not think of anything else for several days. She carried the child to full term, but when born it had a hare-lip. The third is a lady about 25; first child rather delicate. When about four months pregnant her brother was out hunting one day, found an opossum which had young ones. He brought one of the young ones to the house went to the back of his sister and threw it in her lap. She said it frightened her at first, but she only caught a glimpse of what it was, for her mother snatched it from her lap and threw it away. She carried her child to full term, but when born it had one ear like that of an opossum. Now can any one explain why this is? If it is not from the maternal impression made by the mother on the child? My opinion is that it is more likely to occur about the third or fourth month, but I would like to know the opinion of others on the subject.

Hannibal, Mo.

J. B. BOLTON, M. D.



## Editorial.

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### ARTICLE LV.

The October issue of the *American Journal of Medical Sciences* contains the following official report of the Autopsy of President Garfield, prepared by the Surgeons in charge :

RECORD OF THE POST-MORTEM EXAMINATION OF THE BODY OF PRESIDENT J. A. GARFIELD, MADE SEPTEMBER 20, 1881, COMMENCING AT 4.30 P. M., EIGHTEEN HOURS AFTER DEATH, AT FRANCKLYN COTTAGE, ELBERON, NEW JERSEY.

PRESENT and assisting, Dr. D. W. Bliss; Surgeon-General J. K. Barnes, U. S. Army; Surgeon J. J. Woodward, U. S. Army; Dr. Robert Reyburn; Dr. Frank H. Hamilton; Dr. D. Hayes Agnew; Dr. Andrew H. Smith, of Elberon (and New York); and Acting Assistant-Surgeon D. S. Lamb, of the Army Medical Museum, Washington, D. C.

Before commencing the examination, a consultation was held by these physicians, in a room adjoining that in which the body lay, and it was unanimously agreed that the dissection should be made by Dr. Lamb, and that Surgeon Woodward should record the observations made. It was further unanimously agreed that the cranium should not be opened. Surgeon Woodward then proposed that the examination should be conducted as follows:

That the body should be viewed externally, and any morbid appearances existing recorded. That a catheter should then be passed into the wound, as was done during life to wash it out, for the purpose of assisting to find the position of the bullet. That a long incision should next be made from the superior extremity of the sternum to the pubis, and this crossed by a transverse one just below the umbilicus. That the abdominal flaps thus made should then be turned back and the abdominal viscera examined. That after the abdominal cavity was opened the position of the bullet should be ascertained, if possible, before making any further incision; and that, finally, the thoracic viscera should be examined.

This order of procedure was unanimously agreed to.

The examination was then proceeded with, and the following *external appearances* were observed:—

The body was considerably emaciated, but the face was much less wasted than the limbs. A preservative fluid had been

injected by the embalmer, a few hours before, into the left femoral artery; the pipes used for the purpose were still in position. The anterior surface of the body presented no abnormal appearances, and there was no ecchymosis or other discoloration of any part of the front of the abdomen.

Just below the right ear, and a little behind it, there was an oval ulcerated opening, about half an inch in long diameter, from which some sanious pus was escaping, but no tumefaction could be observed in the parotid region.

A considerable number of purpura-like spots were scattered thickly over the left scapula, and thence forwards as far as the axilla. They ranged from one-eighth to one fourth of an inch in diameter, were slightly elevated and furfuraceous on the surface, and many of them were confluent in groups of two to four or more. A similar but much less abundant eruption was observed sparsely scattered over the corresponding region on the right side.

An oval excavated ulcer about an inch long, the result of a small carbuncle, was seated over the spinous process of the tenth dorsal vertebra. Over the sacrum there were four small bed-sores, the largest about half an inch in diameter. A few acne pustules and a number of irregular spots of post-mortem hypostatic congestion were scattered over the shoulders, back and buttocks. The inferior part of the scrotum was much discolored by hypostatic congestion. A group of hemorrhoidal tumors, rather larger than a walnut, protruded from the anus.

The depressed cicatrix of the wound made by the pistol-bullet was recognized over the tenth intercostal space, three and a half inches to the right of the vertebral spines. A deep linear incision (made in part by the operation of July 24th, and extended by that of August 8th) occupied a position closely corresponding to the upper border of the right twelfth rib. It commenced posteriorly about two inches from the vertebral spines and extended forwards a little more than three inches. At the anterior extremity of this incision there was a deep, nearly square, abraded surface about an inch across.

A well oiled flexible catheter, fourteen inches long, was then passed into this wound, as had been done to wash it out during life. More resistance was at first encountered than had usually been the case, but after several trials the catheter entered, without any violence, to its full length. It was then left in position and the body disposed supinely for the examination of the viscera.

The *cranium* was not opened.

A long incision was made from the superior extremity of the sternum to the pubes, followed by a transverse incision crossing the abdomen just below the umbilicus. The four flaps thus formed were turned back and the viscera exposed. The subcutaneous adipose tissue divided by the incisions was little

more than one-eighth of an inch thick over the thorax, but was thicker over the abdomen, being about quarter of an inch thick along the linea alba, and as much as half an inch thick towards the outer extremity of the transverse incision.

On inspection of the abdominal viscera, *in situ*, the transverse colon was observed to lie a little above the line of the umbilicus. It was firmly adherent to the anterior edge of the liver. The greater omentum covered the intestines pretty thoroughly from the transverse colon almost to the pubis. It was still quite fat, and was very much blackened by venous congestion. On both sides its lateral margins were adherent to the abdominal parietes opposite the eleventh and twelfth ribs. On the left side the adhesions were numerous, firm, well organized, and probably old;\* on the right side there were a few similar adhesions and a number of more delicate and probably more recent ones.

A mass of black coagulated blood covered and concealed the spleen and the left margin of the greater omentum. On raising the omentum it was found that this blood-mass extended through the left lumbar and iliac regions and dipped down into the pelvis, in which there was some clotted blood and rather more than a pint of bloody fluid.† The blood-coagula having been turned out and collected, measured nearly a pint. It was now evident that secondary hemorrhage had been the immediate cause of death, but the point from which the blood had escaped was not at once apparent.

The omentum was not adherent to the intestines, which were moderately distended with gas. No intestinal adhesions were found other than those between the transverse colon and the liver, already mentioned.

The abdominal cavity being now washed out as thoroughly as possible, a fruitless attempt was made to obtain some indication of the position of the bullet before making any further incision. By pushing the intestines aside, the extremity of the catheter, which had been passed into the wound, could be felt between the peritoneum and the right iliac fascia; but it had evidently doubled upon itself, and although a prolonged search was made, nothing could be seen or felt to indicate the presence of the bullet, either in that region or elsewhere.

The abdominal viscera were then carefully removed from the body, placed in suitable vessels, and examined seriatim, with the following result:—

The adhesions between the liver and the transverse colon proved to bound an *abscess-cavity* between the under surface of the liver, the transverse colon, and the transverse meso-colon,

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\* These adhesions, and the firm ones on the right side, as well as those of the spleen, possibly date back to an attack of chronic dysentery from which the patient is said to have suffered during the civil war.

† A large part of this fluid had probably transuded from the injecting material of the embalmer.

which involved the gall bladder, and extended to about the same distance on each side of it, measuring six inches transversely and four inches from before backward. This cavity was lined by a thick pyogenic membrane, which completely replaced the capsule of that part of the under surface of the liver occupied by the abscess. It contained about two ounces of greenish-yellow fluid—a mixture of pus and biliary matter. This abscess did not involve any portion of the substance of the liver except the surface with which it was in contact, and no communication could be detected between it and any part of the wound.

Some recent peritoneal adhesions existed between the upper surface of the right lobe of the liver and the diaphragm. The *Liver* was larger than normal, weighing eighty-four ounces; its substance was firm, but of a pale yellowish color on its surface and throughout the interior of the organ, from fatty degeneration. No evidence that it had been penetrated by the bullet could be found, nor were there any abscesses or infarctions in any part of its tissue.

The *Spleen* was connected to the diaphragm by firm, probably old peritoneal adhesions. There were several rather deep congenital fissures in its margins, giving it a lobulated appearance. It was abnormally large, weighing eighteen ounces; of a very dark, lake-red color, both on the surface and on section. Its parenchyma was soft and flabby, but contained no abscesses or infarctions.

There were some recent peritoneal adhesions between the posterior wall of the *Stomach* and the posterior abdominal parietes. With this exception no abnormalities were discovered in the stomach or *Intestines*, nor were any other evidences of general or local peritonitis found besides those already specified.

The *Right kidney* weighed six ounces, the *Left kidney* seven. Just beneath the capsule of the left kidney, at about the middle of its convex border there was a little abscess one-third of an inch in diameter; there were three small serous cysts on the convex border of the right kidney just beneath its capsule; in other respects the tissue of both kidneys was normal in appearance and in texture.

The *urinary bladder* was empty.

Behind the right kidney, after the removal of that organ from the body, the dilated *track of the bullet* was dissected into. It was found that from the point at which it had fractured the right eleventh rib (three inches and a half to the right of the vertebral spines) the missile had gone to the left, obliquely forwards, passing through the body of the first lumbar vertebra, and lodging in the adipose connective tissue immediately below the lower border of the pancreas, about two inches and a half to the left of the spinal column, and behind the peritoneum. It had become completely encysted.

The track of the bullet between the point at which it had

fractured the eleventh rib and that at which it entered the first lumbar vertebra was considerably dilated, and the pus had burrowed downwards through the adipose tissue behind the right kidney, and thence had found its way between the peritoneum and the right iliac fascia, making a descending channel which extended almost to the groin. The adipose tissue behind the kidney in the vicinity of this descending channel, was much thickened and condensed by inflammation. In the channel, which was found almost free from pus, lay the flexible catheter introduced into the wound at the commencement of the autopsy; its extremity was found, doubled upon itself, immediately beneath the peritoneum, reposing upon the iliac fascia, where the channel was dilated into a pouch of considerable size. This long-descending channel, now really seen to have been caused by the burrowing of pus from the wound, was supposed during life to have been the track of the bullet.

The last dorsal, together with the first and second vertebræ and the twelfth rib, were then removed from the body for more thorough examination.

When this examination was made it was found that the bullet had penetrated the first lumbar vertebra in the upper part of the right side of its body. The aperture by which it entered involved the intervertebral cartilage next above, and was situated just below and anterior to the intervertebral foramen, from which its upper margin was about one-quarter of an inch distant.

Fig. 1.

Shows the course of the ball through the first lumbar vertebra, its direction being indicated by the probe.

Passing obliquely to the left and forwards through the upper part of the body of the first lumbar vertebra the bullet emerged by an aperture, the centre of which was about half an inch to

the left of the median line, and which also involved the intervertebral cartilage next above. The cancellated tissue of the body of the first lumbar vertebra was very much comminuted and the fragments somewhat displaced. Several deep fissures extended from the track of the bullet into the lower part of the body of

Fig 2.

Shows the above specimen sawn open.

the twelfth dorsal vertebra. Others extended through the first lumbar vertebra into the intervertebral cartilage between it and the second lumbar vertebra. Both this cartilage and that next above were partly destroyed by ulceration. A number of minute fragments from the fractured lumbar vertebra had been driven into the adjacent soft parts.

It was further found that the right twelfth rib also was fractured at a point one inch and a quarter to the right of the transverse process of the twelfth dorsal vertebra; this injury had not been recognized during life.

On sawing through the vertebra, a little to the right of the median line, it was found that the spinal canal was not involved by the track of the ball. The spinal cord and other contents of this portion of the spinal canal presented no abnormal appearances. The rest of the spinal cord was not examined.

Beyond the first lumbar vertebra the bullet continued to go to the left, passing behind the pancreas to the point where it was found. Here it was enveloped in a firm cyst of connective tissue, which contained besides the ball a minute quantity of inspissated, somewhat cheesy pus, which formed a thin layer over a portion of the surface of the lead. There was also a black shred adherent to a part of the cyst-wall, which proved on microscopical examination to be the remains of a blood-clot.

For about an inch from this cyst the track of the ball behind the pancreas was completely obliterated by the healing process. Thence, as far backward as the body of the first lumbar vertebra, the track was filled with coagulated blood, which extended

Fig. 3.

1. The point at which the splenic artery gave away. 2, 2 The splenic artery. 3. The coeliac axis. 4. The superior mesenteric artery. 5, 5 The splenic vein. 6 The cyst in which the ball was found. 7, 7. A portion of the mass of extravasated blood. 8, 8. The pancreas. 9, 9 Adipose tissue behind the transverse meso-colon.

on the left into an irregular space rent in the adjoining adipose tissue behind the peritoneum and above the pancreas. The blood had worked its way to the left, bursting finally through the peritoneum behind the spleen into the abdominal cavity. The rending of the tissues by the extravasation of this blood was undoubtedly the cause of the paroxysms of pain which occurred a short time before death.

This mass of coagulated blood was of irregular form and nearly as large as a man's fist. It could be distinctly seen from in front, through the peritoneum, after its site behind the greater

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curvature of the stomach had been exposed by the dissection of the greater omentum from the stomach, and especially after some incise adhesions between the stomach and the part of the peritoneum covering the liver mass had been broken down by the fingers. From the relations of the mass it was seen to what was believed that the hemorrhage had proceeded from one of the mesenteric arteries, but as it was clear that a major dissection would be required to get within the particular branch, and as it was agreed that the abdominal cavity and the abdominal part should be preserved as far as possible, the dissection was not continued and the patient died.

The following information was obtained from the records of the [redacted] Department, [redacted] Office, [redacted] City, [redacted] State, [redacted] Country, [redacted] Continent, [redacted] Hemisphere, [redacted] Planet, [redacted] Galaxy, [redacted] Universe.

[The rest of the page contains extremely faint, illegible text.]

[illegible]

1. The first step in the process of the investigation is the identification of the problem. This is done by the investigator who is responsible for the study. The investigator must first identify the problem that is being studied. This is done by the investigator who is responsible for the study. The investigator must first identify the problem that is being studied.

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considerable portions, especially towards its base, were the seat of broncho-pneumonia. The bronchial tubes contained a considerable quantity of stringy muco-pus; their mucous surface was reddened by catarrhal bronchitis. The lung-tissue was œdematous,\* but contained no abscesses or infarctions.

On the left side the lower lobe of the lung was bound, behind to the costal pleura, above to the upper lobe, and below to the diaphragm by pretty firm pleuritic adhesions. The *Left Lung* weighed twenty-seven ounces. The condition of its bronchial tubes and of the lung-tissue was very nearly the same as on the right side, the chief difference being that the area of broncho-pneumonia in the lower lobe was much less extensive in the left lung than in the right. In the lateral part of the lower lobe of the left lung, and about an inch from its pleural surface there was a group of four minute areas of gray hepatization, each about one-eighth of an inch in diameter. There were no infarctions, and no abscesses in any part of the lung tissue.

The surgeons assisting at the autopsy were unanimously of the opinion that on reviewing the history of the case in connection with the autopsy, it is evident that the different suppurating surfaces, and especially the fractured spongy tissue of the vertebra, furnish a sufficient explanation of the septic conditions which existed during life.

About an hour after the post-mortem examination was completed the physicians named at the commencement of this report assembled for further consultation in an adjoining cottage; a brief outline of the results of the post-mortem examination was drawn up, signed by all the physicians, and handed to Private Secretary J. Stanley Brown, who was requested to furnish copies to the newspaper press.

(Signed) D. W. BLISS, J. K. BARNES D. S. LAMB,  
J. J. WOODWARD, ROBERT REYBURN.


As the above report contains paragraphs detailing the observations made at Washington on the pathological specimens preserved for that purpose, the names of Drs. F. H. Hamilton, D. Hayes Agnew, and A. H. Smith are not appended to it. It has, however, been submitted to them and they have given their assent to the other portions of the report.

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\* A part at least of this condition was doubtless due to the extravasation of the injecting fluid used by the embalmer.

## Book Reviews.

### ARTICLE LVII.

 NOTICE.—In order to secure reviews of books it will be necessary to send duplicate copies of the same. Authors sending reprints will please remit them in triplicate in order to obtain notice in this department. In all cases, where *single* copies of books or pamphlets are sent, a mere acknowledgement of their receipt only will be made.

THE PRINCIPLES OF MYODYNAMICS. By J. S. WIGHT, M. D.  
12mo. pp. 162. (New York: Bermingham & Co. 1881.)

The author begins this little monograph by stating that "myodynamics treats of the forces of muscles and their effects." He then proceeds to divide the subject into two parts: myostatics treating of "muscular forces, when they are in equilibrium with some other force, or forces"; and myokinetics, "which treats of muscular forces, when they are moving some other force, or forces." He then applies the principles of mechanical forces and shows wherein they are related to the muscles and the applications to be made in fractures and dislocations. The whole is explained very clearly and rationally and put in as simple and comprehensive a form as the circumstances permit him to do. There are numerous diagrams to assist the learner and to one who has the least notions of mechanics is a comparatively easy study.

Those who have not devoted any time to the study of mechanics may find it almost incomprehensible and they lose an opportunity of profiting of a great deal of useful and easily acquired knowledge.

It is a lamentable fact that, our medical colleges, as a rule, have a large number of students who do not know the rudiments of physics or of physical laws and even less of mechanics and who therefore can never learn to appreciate helps such as the present little volume is designed to be. To them mathematical demonstrations are useless and the truths ascertained, by such means are often regarded with suspicion.

The author of the book under consideration has taken a step in the right direction and contributed no little to a more accurate understanding of the bearing of myodynamics to fractures, dislocations and orthopædic surgery. The subject is a practical one handled by a practical man and is the result of direct experimentation and demonstration.

**A TREATISE ON THE DISEASES OF THE NERVOUS SYSTEM.** By WILLIAM A. HAMMOND, M. D. With one hundred and twelve illustrations. Seventh Edition. Rewritten, enlarged and improved. 8vo. pp. 929. (New York: D. Appleton & Co. 1881. St. Louis: St. Louis Book and News Co.)

The first edition of this work appeared in 1871 and now that ten years have elapsed, we are presented with the seventh edition showing the favor with which Dr. Hammond's work has been received by the profession. The first changes made were in 1876 when the sixth edition made its appearance. The present edition has been added to, the chapter on cerebral congestion having had additions. Myxœdema, first noticed by Dr. Ord a few years ago is given a chapter, in which all the information on this disease is concisely given. Among other additions made are some on syphilis of the brain, the spinal cord, and the nerves. The symptomatology of cerebral and cerebellar lesions is more fully considered, than in former editions and there is a new section on diseases of the sympathetic nervous system. A great many of these additions, as the author acknowledges, are such as have been made by foreign translators due credit being given in all places.

The chapters on insanity have been entirely omitted in this edition from the fact that the author is at present "engaged in the preparation of a special treatise on that important subject; in which the physiology and pathology of the mind will receive much fuller consideration than could be given in a book combining the whole neurological medicine." This forthcoming work will be eagerly looked for by neurologists, as Dr. Hammond has established for himself quite a reputation as an expert in matters connected with psychiatry.

It would be useless to enter here into a full discussion of the contents of the present work as it has been frequently reviewed and the average medical reader is well acquainted with Dr. Hammond's work.

**A TEXT-BOOK OF PRACTICAL MEDICINE,** with Particular Reference to Physiology and Pathological Anatomy. By DR. FELIX VON NIEMEYER. Translated from the Eighth German Edition, by Special Permission of the Author, by Geo. H. Humphreys, M. D., and Charles E. Hackley, M. D. Revised Edition. Vol. I. 8vo. pp. 767, Vol. II. 8vo. pp. 861. (New York: D. Appleton & Co. 1881. St. Louis: St. Louis Book and News Co.)

The seventh edition of Niemeyer is one which has undergone thorough revision and alteration at the hands of its distin-

guished author. The worth of the book can be easily estimated when we consider the great favor and esteem in which it has been held by the medical world. It has become one of the classics. Certainly the American reader will find many occasions to differ with the German writer and that with good reason; but, in the main, the pathological and therapeutical principles as laid down will be found applicable to all cases.

Specialists too may take exceptions in their several branches but this work is intended to ground the student and general practitioner in the principles underlying the practice of medicine.

The present eighth edition has undergone still further alterations at the hands of Dr. Eugene Seitz, a large amount of new matter having been inserted. The death of Dr. Niemeyer in 1871 was greatly felt by the profession, but his work has been carried on. The translation here presented is not a literal one of the last German. It is rather a translation of Niemeyer's original with additions derived from the last German edition together with some from other sources, such as "to render the work more useful to the American reader." These are always enclosed in brackets.

Besides short articles on various subjects have been added such as Chronic Poisoning by Alcohol and Morphine; Wandering Spleen; Paralysis Agitans; Scleroderma; Elephantiasis Græcorum; and Progressive Pernicious Anæmia. Also a chapter on Yellow Fever compiled chiefly from Bartlett. These additions make the work more acceptable and, at the same time more valuable to Americans. It divests it a great deal of its German dress whilst not losing any weight or failing to bring out any essential point.

This work is rather bulky in its present shape, although the publishers have used comparatively small type, a practice to which we must declare ourselves opposed. The amount of matter is great and yet, it could with difficulty be abridged without losing a great deal of the perspicuity attained by the description of details. A mere glance at the copious index is sufficient confirmatory proof of this. We have not entered into an analysis of the contents as our space will not permit of this. Indeed, the work has been so extensively read and studied that almost every medical student is familiar with the peculiarly distinctive views of Niemeyer. The additions are the opinions advocated by leading pathologists of the present day and although many as yet *sub judice*, the reader is left to judge for himself as to the more acceptable.

## Books and Pamphlets Received.

### ARTICLE LVIII.

A System of Surgery, Theoretical and Practical in Treatises by Various Authors. Edited by T. Holmes, M. A. Cantab. First American from Second English Edition, thoroughly revised and much enlarged, by John H. Packard, A. M., M. D., assisted by a large Corps of the most Eminent American Surgeons. In three volumes, with many illustrations. Vol. I. 8vo. pp. 1007. (Phila: Henry C. Lea's Son & Co. 1881. St. Louis: J. H. Chambers & Co. 401-5, N. 3rd St. Western Managers for H. C. Lea's Son & Co.)

Transactions of the College of Physicians of Philadelphia. Third Series, Vol. V. 800 pp. cxi-121. (Philadelphia: Printed for the College and for Sale by Lindsay and Blakiston, 1881.)

Appleton's Annual Cyclopædia and Register of Important Events of the Year 1880. Embracing political, civil, military, and social affairs; public documents, biography, statistics, commerce, finance, literature, science, agriculture, and mechanical industry. New Series, Vol. V. Whole Series, Vol. XX. 8vo. pp. 736. (New York: D. Appleton & Co. 1881.)

Transactions of the American Gynecological Society. Vol. 5 for the Year 1880. 8vo. pp. 470. (Boston: Houghton, Mifflin & Co. 1881.)

Medical Communications of the Massachusetts Medical Society. Vol. XII. No. VII. 1881-8vo. pp. 473-671. 191-254. (Boston: Printed by David Clapp & Son. 1881.)

Female Diseases; the Result of Errors in Habit and Hygiene during Childhood and Puberty; with Remarks on the Treatment of Rachialgia with Igni-Puncture. By R. J. Nunn, M. D. (Reprinted from the Trans. Med. Ass. Georgia, April 1881.)

A Practical Treatise in Impotence, Sterility, and Allied Disorders of the Male Sexual Organs. By Samuel W. Gross, A. M. M. D. with sixteen illustrations, 8vo. pp. 174. (Phila: Henry C. Lea's Son & Co. 1881. St. Louis: St. Louis Book and News Co.)

The Mother's Guide in the Management and Feeding of

infants. By John M. Keating, M. D. 18mo. pp. 118. (Phila: Henry C. Lea's Son & Co. 1881.)

Who's Your Sweetheart? A Question of Adaptation. By Alice Le Vrai. 8vo. pp. 79. (St. Louis: J. H. Chambers & Co. 1881.)

The Dangers and the Duty of the Hour. By William Goodell, A. M. M. D. (Reprinted from Transactions of the Med. and Chir. Faculty of Maryland, 1881.)

Minutes of the State Medical Society of Arkansas at its Sixth Annual Session. (Little Rock 1881.)

First Annual Report of the Astronomer in Charge of the Horological and Thermometrical Bureaus of the Winchester Observatory of Yale College 1881-1881. Presented to the Board of Managers at their Meeting June 3, 1881, by Leonard Waldo. (New Haven 1881.)

The Opium Habit. A Clinical Lecture. By Chas. Warrington Earle, M. D. (Reprinted from *Chicago Medical Review*, Oct, 5 and Nov. 5, 1880.)

Uterine Dilatation with a New Instrument. By H. P. C. Wilson, M. D. (Reprinted from the *American Journal of Obstetrics and Diseases of Woman and Children*, July, 1881.)

Chronic Pelvic Abscess. A Contribution to the Different Diagnosis of Abdominal Tumors. By A. F. Erich, M. D. (Read at the Clinical Society of Maryland.)

Twenty Third Annual Announcement of the Chicago Medical College. Session 1881-82.

God Bless the Little Woman. Song and Chorus. Words by Howard N. Fuller; Music by Charlie Baker. (Cincinnati: F. W. Helmick.) Price 35 cents.

Announcement of the Albany College of Pharmacy. Department of Pharmacy of Union University.

Illusion, Hallucination and Delusion. A Differential Study for Forensic Purposes. By C. H. Hughes, M. D. (Reprint from the *Alienist and Neurologist*, July, 1881.)

The Stretching of Large Nerves in Tabes Dorsalis. By Dr. A. Erlenmeyer, of Bendorf. Translated by Otto A. Wall, M. D. (Reprinted from the *Alienist and Neurologist*, July, 1881.)

On the Private Care of the Insane. By Ralph L. Parsons, M. D. (Reprint from the *Alienist and Neurologist*, Oct. 1881.)

## News Items.

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### ARTICLE LIX.

The *Atlanta Medical and Surgical Journal* has made a new departure. It now comes under the name of the *Atlanta Medical Register* and presents a neat appearance. The Editors in charge are Drs. John Flad, Johnson and Jas. B. Baird, who have secured promises, from many leading physicians, of contributions.

We have noticed that each one of the two Homeopathic Colleges (*sic*) of this city is asking that the other be suppressed. Each one claims that the other is illegal and unworthy of having confidence reposed in it. We would humbly suggest that they be both suppressed; that might, perhaps, settle the difference.

Dr. Hammond, of New York, has made himself very conspicuous in regard to the President's case. The services he offered so ostentatiously were thankfully declined and now we see by a telegram of Sept. 22, he accuses the attending physicians not of malpractice, but of something just touching upon it.

We suppose that all the remarkably intelligent suggestions in regard to the President's case will not be made to appear as conspicuously as formerly. The post-mortem disconcerted the wise ones who would have done better and done differently. The examination was quite a revelation and will stand in medical literature as one of our remarkable cases.

The St. Louis Medical College Dispensary is almost completed. When done it will be the finest building of its kind, in the city. It will be 45x75 feet and contain quite a number of rooms. On the lower floor will be situated consultation and waiting rooms for male and female patients, the pharmacy and an amphitheatre. On the upper floor a room devoted to gynecology to which is appended a waiting room, bath room and retiring room. On the same floor is situated the resident physician's room, a dental operating room and a dental laboratory.

The building will be heated by steam and conveniences of all kinds will be provided. The members of the faculty of the College will hold regular clinics at the Dispensary and will make it one of the most valuable features connected with the College, the more so since the restrictions placed upon them by the Health Commissioner in regard to the City Hospital.

It is, perhaps, needless to add that medical advice and medi-



cines at the Dispensary will be free. On this account a large and varied number of cases is expected to be seen during the coming winter.

**THE TRI-STATE MEDICAL SOCIETY.**—This organization is the largest medical Society in the country with the exception of the American Medical Association. The amount of good, earnest work done at meetings is large and the meetings themselves are attended by a large number of the representative physicians of the United States. The meeting to be held here promises not only to be the largest but also one of the most interesting assemblages of that body.

The present is the seventh annual meeting and will be held Oct. 25, 26 and 27 day and night; there being thus three sessions daily. These sessions will be held in the ladies' ordinary of the Lindell Hotel, which is located centrally.

The following programme gives an idea of the work that will be accomplished at the meeting.

**FIRST SESSION.**—Tuesday Morning, Oct. 25th. 1. Call to Order. 2. Statements of Officers and Committees. 3. President's Address. 4. Medical Orthodoxy by T. D. Washburn, Hillsboro, Ill. 5. Pædiatric Medicine by G. Wheeler Jones, Danville, Ills.

**SECOND SESSION.**—Tuesday Afternoon. 1. Convulsions in Children by J. M. Henry, Rockport, Ills. 2. Scarlatina by D. S. Booth, Sparta, Ills. 3. Diphtheria by W. J. Chennoworth, Decatur, Ills. 4. Practical Observations in Typhoid Fever by H. V. Ferrell, Carterville, Ills.

**THIRD SESSION.**—Tuesday Night. 1. Impotence by Reuben A. Vance, Cin. 2. The Mechanical Treatment of Bilateral Paralysis of the Crico-Arytenoidei-Postici and Post-Nasal Catarrh by B. Tauber, Cin. 3. Certain Intra Ocular Affections by Wm. Dickinson, St. Louis. 4. Suppurative Inflammation of the Middle Ear by J. E. Harper, Evansville, Ind. 5. Human Temperature, Normal and Abnormal by Chas. T. Reber, Shelbyville, Ills.

**FOURTH SESSION.**—Wednesday Morning, Oct. 26th 1. Fracture of Radius; Treatment by Rubber Bandage by Edw. Borck, St. Louis. 2. Use and Abuse of Splints in Fractures about the Elbow by Heber Roberts, Carbondale Ills. 3. Excision of the Larger Joints by J. M. Holloway, Louisville, Ky. 4. Reformation of Bone by J. E. Link, Terre Haute, Ind.

**FIFTH SESSION.**—Wednesday Afternoon. 1. Report of Battey's Operation by J. N. McCormick, Bowling Green, Ky. 2. Peritonitis by Archibald Dixon, Henderson, Ky. 3. Puerperal Eclampsia by C. D. Pearson, Indianapolis, Ind. 4. Puerperal Septicæmia by S.H. Charlton, Seymour, Ind.

**SIXTH SESSION.**—Wednesday Night. 1. Observations on the Use of Static Electricity by Edwin Walker, Evansville, Ind.



2. Superficial Diseases of the Eye by Wm. Cheatham, Louisville, Ky. 3. Demonstrations of Visual Anomalies by John Green, St. Louis. 4. Associated Movements of the Eyes and Indications for Prismatic Glasses by A. E. Prince, Jacksonville, Ills.

**SEVENTH SESSION.**—Thursday Morning, Oct. 27th. 1. Headache Cause and Cure by B. M. Griffith, Springfield, Ills. 2. Spinal Irritation by J. S. Jewell, Chicago. 3. Reflex Contraction of Corpora Cavernosa by J. T. Hodgen, St. Louis. 4. Hyoscyamin in Nervous Diseases by C. H. Hughes, St. Louis.

**EIGHTH SESSION.**—Thursday Afternoon. 1. Care of the Insane by H. Wardner, Anna, Ills. 2. Ligatures by C. H. Todd, Owensboro, Ky. 3. Pylephlebitis, Portal Thrombus, etc. by J. Adams Allen, Chicago. 4. How to give Tone to Weakened Hearts by W. M. Fuqua, Hopkinsville, Ky. 5. Thoughts on the Social Evil by J. Gardner, Bedford, Ind.

**NINTH SESSION.**—Thursday Night. 1. Stump Water by E. S. McIntire, Mitchell, Ind. 2. Intussusception by A. F. Berry, River Vale, Ind. 3. Report of Cases by J. W. Thompson, Paducah, Ky. 4. Vaginal Fistula by W. A. Matthews, Louisville Ky. 5. Penetrating Gunshot Fracture of Skull. Case by F. J. Lutz, St. Louis.

Other papers are also promised by well-known members.

The sessions will be promptly called to order and all business dispatched with order and celerity. No instrument dealers or manufacturers of drugs will be permitted in the meeting hall, so that there will be removed a prominent disturbing cause.

The rule limiting the reading of papers to twenty-five minutes will be strictly enforced. It is proposed to make this a *working meeting* and no social entertainment will be given until after the adjournment of the last session.

Special rates have been secured at the Lindell Hotel where the society holds its meetings. Rooms should be reserved, by letter, in advance. Fare on all railroads will be full fare coming and one-third fare returning.

The Officers for this year are as follows; *President*, A. M. Owens, Evansville, Ind. *Vice Presidents*, J. N. McCormack, Ky.; S. H. Charlton, Ind.; David Prince, Ills. *Secretary*, S. W. Burton, Mitchell, Ind. *Treasurer*, F. W. Beard, Vincennes, Ind. *Chairman Committee on Arrangements*, H. C. Fairbrother, East St. Louis; *Chairman Committee on Programme*, Wm. Porter, St. Louis; *Chairman Committee on Finance*, Edward Borck, St. Louis.

The Programme has been issued and is a handsome and tasty one containing also just the information visitors will need.

We think that the Tri-State Medical Society will be warmly received here, and will have no cause to complain of the treat-

ment it receives. The committees have done a great deal of work and are nearly done with their preparations. The profession here, we think, will co-operate heartily with their visiting brethren and form and renew friendships.

The JOURNAL will, as it has formerly done, present abstracts of all the papers read and continue them until all will have been published. Authors of papers may furnish their own abstracts if so disposed.


**SANITARY EXHIBITION IN JERSEY.**—The New Jersey State Fair, to be opened at Newark on September 19, is to have a sanitary annex, as it has had for the two previous years. It is intended to make an attractive exhibition, so that visitors to the Fair may become acquainted with the best sanitary arrangements and inventors and dealers have a good opportunity for comparing and testing apparatus. An abbreviated summary of articles to be exhibited is given in the *National Board of Health Bulletin* for July 9. It comprises construction materials, furniture, wall paper, etc., heating and ventilating apparatus, drainage and water supply, bathing apparatus and bath-room fixtures, with gas and other lighting apparatus, druggists' samples and preserved foods, excavating and odorless apparatus, life-and labor-saving apparatus, gymnasium apparatus, sick-chairs and beds and sick-room appliances, food-adulteration and testing apparatus. Letters of inquiry may be addressed to E. A. Osborn, C. E., Middletown, N. J., or to State Board of Health, Trenton, N. J.—[*Phila. Med. Times*.

A regular meeting of the Morgan County Medical Society was held at the Court House in Jacksonville on Thursday, the 8th of Sept. The subject for discussion was The use of Bromides.

**PRIZE ESSAY.**—The committee of selection appointed by the chairman of the section on Practical Medicine, Materia Medica and Physiology, at the recent meeting of the American Medical Association, have selected, and hereby announce, as the subject for the prize to be awarded in 1883, the following question :

What are the special modes of action, or therapeutic effects upon the human system, of water, quinia, and salicylic acid, when used as anti-pyretics in the treatment of disease? The essays must be founded on original experimental and clinical observations, and must be presented to the chairman of the committee of award on or before the first day of January, 1883.

N. S. DAVIS,	} Com. of Selection.
H. D. HOLTON,	
W. B. ULRICH,	

 The official record of the autopsy on the President, has delayed the appearance of the JOURNAL for two weeks.

## ARTICLE LX.

## DEATHS AND RATE OF MORTALITY

*Per 1000 Inhabitants, Annually, in the Largest American and Foreign Cities.  
According to the Latest Returns.*

		Week Ending	Sept. 3,			
New York.....	1,208,577	"	"	784	33.9	
Philadelphia.....	848,060	"	"	375	23.1	
Brooklyn.....	508,889	"	"	321	29.0	
St. Louis.....	350,522	"	"	188	28.0	
Chicago.....	503,304	"	Aug. 6,			
Baltimore.....	333,190	"	"			
Boston.....	302,555	"	Sept. 3,	216	31.1	
San Francisco, Cal.....	233,956	"	Aug. 6,			
Cincinnati.....	255,706	"	Sept. 3,	135	27.8	
New Orleans.....	206,140	"	"	112	27.7	
Buffalo.....	156,137	"	"	114	33.4	
Cleveland.....	100,140	"	Aug. 6,			
Washington, D. C.....	180,000	"	Sept. 3,	93	26.8	
Pittsburgh.....	158,381	"	"	97	32.4	
Newark.....	138,400	"	"	80	30.8	
Detroit.....	116,342	"	"			
Milwaukee, Wis.....	115,578	"	Sept. 3,	47	21.2	
Richmond, Va.....	68,808	"	"	29	23.7	
New Haven, Conn.....	62,882	"	"	20	16.6	
Charleston.....	49,989	"	"	38	39.6	
Memphis, Tenn.....	83,593	"	"	23	43.5	
Mobile.....	31,205	"	"	20	33.4	
Boulder, Col.....	3,009	"	"	1	17.0	
Galveston.....	22,233	"	"	14	32.8	
Indianapolis.....	75,074	"	"	33	22.9	
Springfield, Mass.....	73,340	"	"	14	21.9	
Nashville, Tenn.....	43,461	"	"	22	26.4	
Sacramento.....	21,500	"	July 30,			
St. Paul, Minn.....	41,486	"	Aug. 6,			
London.....	3,707,130	"	Aug. 20,	1,474	20.1	58.1
Paris.....	1,988,806	"	"	1,024	26.8	
Berlin.....	1,123,871	"	Aug. 6,	817	37.6	68.2
Vienna.....	731,191	"	" 20,	365	26.0	62.9
Buda-Pesth, Hung.....	370,037	"	" 6,	292	41.2	
Shanghai.....	3,000	"	July 16,			
Cape Town, Africa.....	35,000	"	Aug. 6,	24	35.8	60.0
Liverpool.....	549,834	"	July 9,			
Genoa, Italy.....	185,000	"	Aug. 27,	108	30.5	75.2
Calcutta.....	429,525	"	July 23,	176	21.3	79.5
Hamburg (state).....	400,000	"	Aug. 6,	246	32.1	
Warsaw, Russia.....	379,783	"	" 12,	316	43.4	78.8
Brussels.....	406,682	"	" 20,	188	24.5	
Stockholm, Sweden.....	173,453	"	July 9,			
Dublin.....	333,401	"	Aug. 27,	134	20.0	
Lyons, France.....	342,815	"	July 2,			
Amsterdam.....	316,952	"	Aug. 27	139		
Sheffield.....	304,982	"	"	98	17.9	54.1
Leipzig, Saxony.....	151,616	"	Aug. 20,	106	36.8	58.7
Brestau.....	273,000	"	" 13,	226	43.2	63.1
Copenhagen, Den.....	235,254	"	" 16,	92	20.4	56.4
Christiania, Norway.....	120,000	"	" 15,	87	16.0	58.2
Alexandria.....	220,000	"	" 20,	168	23.8	
Dresden.....	220,216	"	" 13,	181	25.5	63.6
Bradford.....	197,196	"	" 28,	60	17.0	
Seville, Spain.....	138,000	"	July 16,			
Tangier, Morocco.....	15,000	"	" 30,			
Rouen, France.....	104,209	"	Aug. 27,	52	26.0	
Dundee.....	155,100	"	" 20,	38	13.9	61.5
Geneva, Switz.....	60,233	"	July 9,			
Prague.....	333,401	"	July 30,			
Havana.....	106,477	"	Aug. 31,	36	81.0	85.0
Vera Cruz, Mexico.....	20,000	"	May 31,	156	41.4	80.0

## METEOROLOGICAL OBSERVATIONS.

By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

### THERMOMETER, FAHRENHEIT—SEPT., 1881.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum.
1	78.5	89.0	18	57.0	86.5
2	74.0	86.5	19	60.5	89.5
3	68.5	85.5	20	66.5	93.5
4	73.0	98.5	21	65.0	93.0
5	79.0	100.0	22	69.0	91.0
6	78.0	97.0	23	74.5	93.5
7	75.0	97.5	24	73.5	95.0
8	75.0	91.5	25	72.0	89.0
9	72.5	89.0	26	70.0	91.0
10	65.0	84.5	27	71.5	78.5
11	55.0	73.5	28	66.5	75.0
12	57.5	82.0	29	70.5	88.0
13	63.0	83.0	30	65.0	69.0
14	63.0	84.0	31		
15	60.0	82.5			
16	50.5	66.5	Means...	67.2	86.2
17	51.0	80.0	Monthly Mean.	76.7	

Quantity of rain, 3.08 inches.

## MORTALITY REPORT.—CITY OF ST. LOUIS.

FROM SEPT., 3, 1881, TO OCT., 1, 1881, INCLUSIVE.

Small Pox..... 1	Childbirth..... 4	Convulsions & Trismus Neonatorum 61	Syphilis..... 2
Scarlatina..... 14	Inanition, Want of Breast Milk, etc. 19	Hydrocephalus and Tub. Meningitis. 11	Apoplexy..... 4
Pyæmia & Septicæ 1	Alcoholism..... 10	Meningitis & Encephalitis.... 27	Dis. fem. gen. org. 0
Erysipelas .. 3	Rheumat'm & Gout 0	Other Diseases of the Brain and Nervous System 36	Surgical Operation 0
Diphtheria..... 18	Cancer and Malignant Tumor..... 9	Cirrhosis of Liver and Hepatitis... 11	Premature Birth 0
Membran's Croup. 7	Phthisis & Tuberculosis, Pulmon 73	Enteritis, Gastro-enteritis, Peritonit, and Gastritis'..... 83	Deaths by Suicide 11
Whooping Cough. 7	Heart Diseases .. 29	Bright's Disease and Nephritis... 17	Deaths by Accid't 20
Ovarian tumor.... 1	Other Diseases of Respir'y Organs 16	Other Diseases of Urinary Organs. 3	Deaths by Homicide 6
Measles..... 0	Heat Stroke..... 2	Diabetes..... 0	Deaths by Accid't 20
Typhoid Fever... 23	Marasmus—Tabes Mesenterica and Scrofula..... 77		Congen Defor'ty 80
Cerebro Spinal Fev 5	Other Const. Dis. 3		Total Deaths from all Causes..... 838
Remittent, Intermittent, Typho-Malarial, Congestive & Simple Contin'd Fevers, 75			Total Zymotic Diseases..... 296
Puerperal Fevers.. 8			Total Constitutional Diseases..... 173
Diarrhœal Disea's 100			Total Local Diseases..... 262
Other Zymotic Diseases..... 3			Total Develop'tal Diseases..... 65
			Deaths by Viol'ce 87

CHAS. W. FRANCIS, Health Commissioner.

## Original Contributions.

## ARTICLE LXI.

## NOTES OF CASES IN GENITO-URINARY SURGERY.

## —CASE No II.—

STRICTURE OF THE PENILE URETHRA.—STRICTURE OF LARGE CALIBRE AT THE BULB.—SEVERE PROSTATO-CYSTITIS.—PASSAGES OF BLOOD BY THE URETHRA.—DEEP INTERNAL URETHROTOMY.—STRONG INJECTION OF NITRATE OF SILVER.—CURE. By W. HUTSON FORD, M. D., of St. Louis.

Dec. 30, 1876. Mr. H. of the State of New York, æt. 56, a man of large frame, but lax fibre and somewhat haggard countenance, contracted a gonorrhœa fourteen years ago, which ran into a gleet lasting twelve months. He never had any other venereal disease. A year since there was a recurrence of the gleet after immoderate sexual intercourse following several months continence; this passed away nearly altogether. About a month ago he began to feel pain at the neck of the bladder and in the glans penis during and after micturition, which became abnormally frequent; he had to rise three or four times at night and could only hold his water for about an hour and a half during the day. The urine was quite *bloody* at times; at the close of micturition sharp pain was felt at the neck of the bladder. The urine was heavily laden with pus. There was marked hesitancy in the contraction of the bladder and occasional arrests of the stream of urine. Under triticum repens and laxative mineral water he improved a little. He could not make the "*coup-de-piston*".

Occasional  
Hæmaturia

Dec. 31. I saw him first to day. A 20 F. Jacques catheter had been passed into the bladder. Examined for stone with Thompson's searcher; no stone could be detected. The manipulations caused considerable pain, the urethra being exceedingly sensitive. Ordered nightly warm by-baths: triticum repens with alkali; anodyne suppository at bed-time. Friedrichshall water in the morning.

No Calculus

January 2, 1877 Examined with bulboric bougie. B. B. 26 ar-

rested at three-quarters of an inch down with much smarting and some difficulty to the bulb.

The urethra was at once divided on its floor to a calibre of 37 F. for a distance of two inches from the meatus, which was simultaneously incised to the same size, with Otis' dilating urethrotome. No hemorrhage of any consequence occurred. The urine was tolerably clear, odorless, with a marked creamy deposit of pus after standing a little while, and of strongly *acid* reaction.

Internal Urethrotomy of the Penile Urethra.

Jan. 18. c. s. 32 has been passed every alternate day. The use of Bethesda water containing citrate of potash has much improved the condition of the urine, which however, still contains about a drachm of pus in six ounces. He rises three times at night, but can hold his water for five or six hours during the day. It was decided to divide the bulbo-membranous contraction to day by internal urethrotomy.

Partial persistence of the Symptoms.

B. B. 26 fails to pass through the contraction at the bulb. Thompson's Searcher again failed to detect any stone in the bladder. (There has been no bloody urine since the anterior stricture was divided.)

Otis' curved urethrotome with the blunt edged knife fixed at eight inches from the handle, was passed through the stricture, which could be felt to yield as the knife passed through it. The instrument was then screwed up to 42, and the knife withdrawn for two inches, cutting on the roof of the urethra. The urethrotome being unscrewed the knife was pushed down into its concealed channel, and the instrument withdrawn. c. s. 32 made for this case with special curvature was now passed into the bladder, without meeting any obstruction and retained for twenty minutes. On its withdrawal, a few drops of blood only, escaped from the urethral orifice. Ordered; recumbency, cold applications to the perineum, and a suppository of opium, camphor and belladonna.

Internal Urethrotomy at the Bulb.

Jan. 15. There has been no hemorrhage worth mentioning. He held his water last night for ten hours. c. s. 32 passed to-day. He is astonished at the size of the stream of urine.

c. s. 32 passed.

Jan. 23. A certain amount of cystitis still lingers. System-

atic washings of the bladder are begun to-day through a Jacques soft catheter introduced upon a stylet.

Jan. 31. The amount of pus in the urine has steadily diminished so that there is now barely a deposit of it. He gets up but once a night. There is no pain nor discomfort about the urinary organs.

Feb. 8. Has had a notable increase of the amount of pus in the urine; but no blood is passed. Micturates every hour or two day and night. The washing has been done twice daily; he thinks he has used the water too hot.

It was determined to try Richardson's (of New Orleans) method of strong injections of nitrate of silver for obstinate cystitis.

Accordingly after washing out his bladder, this morning two ounces of a solution of nitrate of silver of the strength of twenty grains to the ounce, was injected, and left in the bladder for one minute. A suppository was then passed into the rectum and the patient seated in a hot sitz-bath. The pain and tenesmus were at first quite severe.

Strong In-  
jection of  
Nitrate of  
Silver.

Feb. 10. Had a smart exaltation of the bladder symptoms with copious passage of glutinous muco-pus, as a consequence of the injection. The bladder is now washed out night and morning without passing a soft catheter into the bladder. Slept well last night, without a suppository, rising to urinate but three times.

Feb. 11. Urinated only twice last night. c. s. 32 passed easily. Feels better altogether. Continues bladder washings.

Feb. 13. Continue.

In conjunction with the washings twice a day, he was submitted to a course of Turkish baths, taking one twice a week. Takes a cholagogue pill twice a week for a short time. Continues the use of pareiva-brava with citrate of potash, some time before prescribed for him, taking fluids in moderate quantities, in order to avoid the bladder irritation attendant upon very dilute urine and frequent micturition. By the 26th. of February the urine was quite normal in appearance and reaction, he was quite well in all respects and did not have to rise at night to pass water at all, or only once. He continued to improve in general health, and

Final Com-  
plete Reco-  
very.

I heard from him a year afterwards, when he stated that he passed his sound regularly as he had been advised, and remained wholly free from his former bladder troubles. We observe that in this case a section of the anterior contraction did not relieve or relax the contraction at or just beyond the bulb (the bulbo-membranous junction). This latter stenosis cannot therefore be attributed, except *partially*, to *urethrismus*, which is I believe present to some extent, in all such cases, constituting indeed a primary condition itself of reflex origin, capable of inducing the formation of true stricture at the urethrismic point.

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## ARTICLE LXII.

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THE TREATMENT OF EXTROPHY OF THE BLADDER. WITH SOME HISTORICAL NOTES AND GENERAL CONSIDERATIONS AND AN ACCOUNT OF A CASE. By DAVID PRINCE, of Jacksonville, Ill.

Plastic surgery requires a good conception of the means necessary to secure desired changes of form, and this conception must become well matured before it is put into practice; because from the nature of the case, the modeling cannot often be done over again. There is also required the most careful management of the attending wounds, in order to preserve the vitality of flaps and to secure their union in the new positions in which they are placed. To this end it is necessary to keep their nutritive action as near the physiological state as possible. Freedom from motion is the first condition. Freedom from contact with the septic influence of the atmosphere is the second condition. The early and frequent removal of the exudations in anticipation of their decomposition or afterward, through the failure of the first two conditions, is the third. When the first two conditions are complete, with the best results, the third has no place for there is nothing irritating to be removed.

For the first condition there are plasters and sutures with fixedness upon splints and quietude of the whole body.

For the second, a blood-clot dried in the open air, the dessicated exudations of lymph, the superposition of plasters and cot-



ton, gauze or other material to defend against septic influences while the drying influence of atmospheric contact is permitted. All these coverings may be increased in their efficacy by a coat of varnish over the blood clot or the dried crust of lymph (in what is called the *open air dressing*) by carbolic acid 10 per cent. in oil by dry salicylic acid, and by salicylic acid infiltrated into cotton.\*

For the third condition the irrigation and the bath are indicated. These may be of water, pure or medicated with salicylic and carbolic acid.

It is one of the objects in publishing the case detailed in the following paper to give an account of the development of the utility of these agents in wounds in which the realization of the first two conditions cannot be anticipated or in which they fail from any cause. Where there is a strong probability of the failure of the first two, the third should be put into execution as a primitive measure, before any mischief has occurred from the failure of the others. This probability of failure exists in all complicated wounds, involving a large extent of surface in parts not abundantly supplied with blood.

Prof. Erichsen of University College, London, speaking of extroversion of the bladder says:—

“The malformation is incurable. Operations have been planned and performed, with the view of closing in the exposed bladder, by plastic procedures, but they have never proved successful, and have terminated, in some instances, in the patient's death. They do not, therefore, afford much encouragement for repetition.”†

The following description of this deformity by John Wood of King's College, London, is brief and explicit. “In both sexes the pubic bones are widely separated. The symphyseal projection can be felt under the integument on each side of the genital organs. In both, the hinder wall of the bladder is seen as a red, vascular projecting tumor often ulcerated and discharging muco-purulent fluid and blood, and surrounded by a cicatrix which above is blended with and obscures the umbilical mark. In the male, the penis is usually completely epispadiac, with the

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\* Dissolve 100 grammes of salicylic acid in two quarts dilute alcohol. Place in a jar 900 grammes of cotton in the form of batting. Pour over this the alcoholic solution of salicylic acid.

After several days remove the cotton and dry it. Preserve for the dressing of wounds where atmospheric filtration is desired.

† Erichsen's Surgery. American Edition 1859, p. 857.

urethra open along its entire length. The corpora cavernosa are stunted, and fail to cover the urethra above, and they are connected below by an imperfect corpus spongiosum forming the lower part of the urethra. The glans penis is grooved above by the urethral gutter, but perfect underneath and is provided with a frenum and an abundant but split prepuce. The stunted penis is placed flat against the lower part of the bladder, usually covering by its roots the orifices of the ureters. The scrotum is perfect and contains the testes, and often an oblique inguinal hernia or a small ventral hernia is present.

In the female, the clitoris is split and the anterior commissure of the labia minora are wanting, exposing more completely than in the male, the orifices of the ureters and laying open the urethra. The normal os uteri can be seen in the vaginal groove.\*"

In 1869 Mr. Wood had operated in eight cases. Three methods were employed by him.

*First.* Two lateral flaps were taken from the sides with their bases toward the groins with their raw surface touching the mucous membrane of the bladder—the success was imperfect.

*Second.* One reversed lateral flap in combination with a smaller reversed umbilical flap, both turned with their cutaneous surfaces toward the bladder and covered by another larger lateral flap placed with its raw surface upon the exterior raw surface of the two reversed flaps.

*Third.* A large umbilical flap turned down with its cutaneous surface toward the bladder extending as far down as the root of the penis, covered by two lateral flaps from the groins with their bases toward the penis, scrotum and thigh and united in the median line over the umbilical flap and with their raw surfaces in contact.

He adopted this third procedure in his last five cases, in each case covering the entire bladder by one operation.

In the last two cases, a preputial covering was made by dissecting the skin of the scrotum and implanting it upon the penis previously peeled of a strip of integument on either side

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\* *Medico Chururgical Transactions*, Feb. 9, 1869.

*Lancet*, Feby. 20, 1869.

*American Journal of the Medical Sciences*, April, 1869, p. 551.

*Half Yearly Abstract*, July 1869 p. 193.

of the fissure, in order to get a line of adhesion. With regard to the hairs which became covered by this inversion of integument it is said by Wood, and by Pancoast of Philadelphia, that they finally disappear in the continual bathing by urine.

It is said that nitric acid taken by the mouth aids in cleaning the hairs and the surfaces from phosphates.

Richard, a colleague of Nélaton, is said to have operated in 1853. A central apron having been turned down, the raw surface of which was covered by a flap from the scrotum. The patient aged 24, died on the 9th day from peritonitis. In 1863, Mr. Holmes had operated five times.

Extrophy of the bladder has been treated (*Boston Med. and Surg. Journal* January 1876), by Dr. Henry J. Bigelow by the obliteration of the mucous membrane in order to get rid of the sensitive surface. For this purpose the mucous membrane is dissected up and integument is drawn over to cover the denuded surface. No attempt on this plan is made to form a pouch over the orifice of the ureters. A case is reported illustrated by lithographs.

Dr. F. F. Maury (*American Journal of the Medical Sciences* July 1871, p. 154) has practiced the expedient of elevating the skin of the anterior portion of the scrotum to cover the imperfect bladder. A hole is cut in the base of the scrotal flap through which the penis is thrust. The raw surface of the flap is left exposed to the air to heal by granulation. Two cases reported were successful.

What Wood calls his third method aided by the elevation of a portion of the scrotum are probably the best expedients for most cases.

In 1858, a very successful operation was made by Dr. Daniel Ayers of Brooklyn N. Y. an account of which is here copied in some detail from a pamphlet of date 1859 and from *Virginia Medical Journal* January, 1859.

Fig. 1 illustrates the nature of the deformity, and the plan of the operation.

a. The posterior wall of the bladder, continuous with the abdominal parietes (there being no anterior wall for the bladder) one inch and a quarter by two inches, and longer when standing.

- b, b.* Nymphæ, or labia minora, separated wide apart.
- c.* Orifice of the vagina.
- d.* Anus.

Fig. 7.

Dr. Ayer's Case of Extrophy of the female bladder. Operation 1858.

*e. e.* Labia majora. There was no trace of urethra or clitoris. There was a deficiency of the symphysis of the pubes, leaving the mons veneris without its natural osseous support, and causing the thighs as shown in the cut, to stand apart in front to an unnatural degree.

The patient, 28 years old, had borne a child at maturity;

and had become afterwards afflicted with procidentia of the uterus, which appeared externally.

PLAN OF THE OPERATION.—A flap of the integument upon the anterior wall of the abdomen, was dissected from above downward corresponding with the figure, *e, h, g, i, f*.

This flap was doubled upon itself, so that *h*, came to *j*, and *i* to *k*, in order to attach the borders *e, h*, and *f, i*. The triangle *h, g, i* would thus make that of *j, e, k*, but instead of this, it was turned up to make that of *j, n, k*. Thus, the bladder had for the time, an anterior covering made of two layers of the same flap, the raw surfaces facing each other. A wide opening was thus left below, for the escape of the urine, to avoid urinary infiltration, and to afford room for swelling. The integument, on the outside of the line, *j, e, h, g* and of the line *k, f, i, g* was then cut under, and made to glide to the median line, so that the line, *j, e* came to the line, *j, n* and the line *k, f* to *k, n*, the borders of the triangular portion of the flap which had been turned up, and the lines, *e, h, g* and *f, i, g* were made to meet in the median line. Thus, no raw surface was left uncovered by skin.

The parts united, in great part by adhesion.

This operation was performed on the 16th. of November, 1858, and on the 7th. of December following, *i, e*., after the lapse of just three weeks, the patient submitted to the second and final operation.

The lower triangular flap, *j, n, k* was dissected from the recent temporary attachments both lateral and deep, and turned down over the vulva as indicated by the dotted line, *j, e, k*.

Two incisions, *j, l* upon the right side and *k, m* upon the left were next carried from the external angles of the triangle, perpendicularly downward, just on the outside of the nymphæ. The integument on the outside of *n, j, l* upon the right and *n, k, m* upon the left, was freely cut under, until these two lines could be made to approach each other, and coincide in a line drawn from *n* to *c* which was continuous with the cicatrix previously established from *g* to *n* occupying the linea alba. The labia majora were thus made to approach each other, and the nymphæ were concealed.

A space was left for the urinary canal, which would admit

the little finger, and the new-formed urethra was an inch and a half in length.

During the operation, torsion and ice were applied to several arteries which bled freely, after which the flaps were confined in the median line by interrupted sutures the most inferior one at *l* and *m* being made to include the point of the triangular flap *c*. The space between the sutures, was covered with patent lint soaked in collodion, and the labia majora were covered with strips of muslin saturated with collodion, the whole dressing being retained by threads of suture-silk, laced across in front. Adhesion was nearly perfect.

After a year's time, it was found that the weight of the abdominal contents, in the erect posture, caused the anterior fold of the vagina, alone, to descend a short distance, forming a pale œdematous tumor of the size of an "English Walnut." The anterior fourchette of the vulva remained firm and resisting and a perforated rubber pessary, introduced into the vagina retained the parts in position.

T. Holmes, in 1863, had operated five times; one flap from the groin everted and covered by a flap from the opposite groin. This is said to have been the plan of Wood in some of his earlier operations.

Barker of Melbourne, Australia, is reported as having operated. A flap from either side was made to glide over and meet in the median line; the raw surface being left to heal by granulation.

CASE.—Wm. St. John, aged 25, of stout build and in good general health is an opium eater, taking an ounce of laudanum at a time and two ounces in twenty-four hours. He has congenital extrophy of the bladder and epispadias with shortening of the penis so that the expansion of the corpus spongiosum in the glans is nearly all that appears.

The symphysis of the pubes is absent and the penis seems to lie between the pubic bones of the two sides.

The transverse diameter from trochanter to trochanter is  $26\frac{1}{2}$  inches and the appearance of the pelvis is like that of a woman.

The anterior wall of the bladder is absent, and the posterior wall fills an opening in the median line two and one-half inches (75 mm) in diameter. There is no umbilical mark. The mucous

Fig. 8.

Wm. St. John.

1. The junction between the mucous membrane and the skin above.
2. The eminences at the exit of the ureters on the mucous surface.

3. The glans penis.
4. The Scrotum showing numerous scars from old ulcerations occasioned by the irritation of urinary contact.

surface is convex, as if protruded by the pressure of the intestines from behind, and is exceedingly sensitive to touch.

The little projections of the ureters are seen sometimes spirting small streams of urine and sometimes oozing a sluggish diminutive flow.

On account of the spirting of the urine, the patient has invented a plate to be worn in front to admit the stream and direct it downward.

The prepuce and the frenum are developed, as well as the testicles and the scrotum, which latter is thickened by the constant irritation of urine. There is no hernial protrusion in either groin.

The preparation for the operation consisted in a cathartic the night before, ten grains (.65 grms.) of sulphate of quinia in the morning with one ounce of laudanum (32 o. c.) and two ounces of whiskey and the addition of a hypodermic injection of  $\frac{1}{4}$  gr. (.022 grms.) of morphia at the time of beginning the etherization.

The operation was made Dec. 8, 1874 according to the third method of John Wood.

A large apron was dissected from above downward and turned over with its raw surface anterior and outward. The exposed mucous surface was completely covered by this flap.

A flap was then dissected from each inguinal region with its attached base downward. These flaps were brought to meet in the median line where they were retained by sutures.

The raw surfaces were freely bathed in ether for its supposed influence in favoring union by the first intension.

The extensive raw surface above was dressed with ground slippery elm bark.

On the 2nd. day the dressing was done in a bath and repeated each day in the bath in which the patient remained during his pleasure; the temperature being regulated according to his sense of comfort.

The amount of laudanum had to be greatly increased the patient taking from 4 to 6 ounces each day.

On the 10th. day he was well enough to sing.—On the 12th day the adhesion was found to be perfect the sutures having been removed except a single silver wire remaining on each side.

The first dressing was made with slippery elm but alterna-



Fig. 9.

- a. Granulating surface speckled with skin grafts.  
b. Flap united a little to the right of the apparent median line.

c. Clans penis.  
d. Scrotum.

tions were made with oxide of zinc until the zinc oxide was given the preference. The zinc was never removed until lifted up by the pus accumulated beneath so that it could be easily detached.

Dec. 23 the 15th. day. Forty skin-grafts were applied.

Dec. 26. Seventy-nine grafts were planted and the laudanum was reduced to two ounces a day.

Feb. 3. the 26th. day the patient stood for his photograph (Fig. 3). Fifty-one grafts were implanted. The patient has completely recovered from the depressing influence of the operation.

Feb. 19th. 42nd day. A second operation was performed in order to lengthen the apron covering the bladder, by an attachment brought up from the scrotum.

The dissection was carried sufficiently into the groins and a notch was made under the penis in order to enable the flap to rise readily into its position. It was attached above by a tongue and groove suture, a tongue of the upper margin of the scrotal flap passing into a groove made in the lower margin of the apron made by the first operation.

The trial of this expedient recommended by Dr. Ashurst, and practiced by him in some of his operations, has not afforded inducement for its repetition. It is generally the case that plane surfaces can be brought into more perfect contact than those which are irregular.

A considerable constitutional disturbance followed this operation the pulse rising to 116 and the temperature to 101°F.

The experience in the use of the bath acquired after the first operation led to its more protracted employment. At the end of 36 hours after, the operation he had been 32½ hours in the bath.

The following table shows the amount of time spent in the water on succeeding days.

3rd.	day.....	18 hours.
4th.	" .....	14 "
5th.	" .....	14 "
6th.	" .....	14 "
7th.	" .....	18 "
8th.	" .....	22 "
9th.	" .....	16 "
10th.	" .....	15 "
11th.	" .....	16 "
12th.	" .....	15 "

After this date for many days the average time in the water was 12 hours from 9 A. M. to 7 P. M. the nights being spent in bed. An automatic irrigation with weak carbolized water was arranged so as not to require constant attention.

Some sloughing occurred in the scrotal flaps and for the purpose of closing it, the third operation was made Feb. 24th, the 75th day. On the 27, or the 3rd day from this operation he had been 50 hours in water.

Not much constitutional disturbance followed but some additional sloughing occurred.

March 7th. or the 89th day, he was sitting up. March 22nd. or the 104th day, the fourth operation was made to close the fistulous opening in the scrotal flap occasioned by previous sloughing.

No union by adhesion followed this operation, but a good result was finally obtained by the repeated introduction of plastic pins for sutures.

April 1st. the 117th day. The granulation and cicatrization subsequent to the fourth operation have produced a greatly improved condition.

The testicles are supported by a scrotum of greatly reduced size so that they are much less in the way of the urinal which he now wears with much more comfort than before the operation. His urine is now entirely collected while in the erect posture.

The cicatrization is not yet complete over the portion of the abdomen from which the great central flap was taken in the first operation.

It was found impossible to reduce the supply of opium to any great degree while under surgical treatment, and he continued to take as an ordinary daily supply, two fluid ounces of laudanum.

During the greater part of the time he took daily in one dose a drachm of tincture of chloride of iron combined with ten minims (.65 c. c.) of nitric acid taken in a glass of water.

Quinine was freely employed during the greater part of the time of treatment. He went home in greatly improved condition. One of the most important advantages which he has derived from the series of operations is the protection of the delicate mucous membrane from injury by his clothing.

Fig. 4 illustrates his condition at the close of treatment.

The use of the bath after complicated wounds is further exemplified in a report made to this Society last year and afterward published in the *ST. LOUIS MEDICAL AND SURGICAL JOURNAL* (Jan.--May, 1881).

This report is also published and sold by Lindsay & Blakiston, Phila. as a pamphlet of 50 pages.

Fig. 10.

- a. Circatrix.
- b. The flap forming the anterior covering of the bladder.
- c. The Glans penis.

d. The scrotum reduced in size by the transfer of a portion of its integument to its new position above the diminutive penis.

ARTICLE LXIII.

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## NOTE ON CHLORAL AND BROMIDE OF AMMONIUM IN FEBRILE DELIRIUM. By C. H. HUGHES, M. D. of St. Louis.

An extensive experience with these therapeutic agents, in the delirium of fever, justifies its confident commendation to the practitioner of medicine; an experience begun many years ago at Fulton, with their use in the delirium of mania and extended there and elsewhere to delirium associated with all other forms of disease from that of typhoid and the exanthemata to delirium tremens and aggravated hysteria. In fact, no drug in hysteria equals a full resistless hypnotic dose of chloral, the patient usually awaking from her "tantrums", refreshed, rested and tranquil in her nerve centers which for hours before were all unstable and unstrung.

The true therapeutic principle in the use of these valuable agents is tranquilization and the recuperation and resistance to decay which the restraint, exerted by them, brings about. The ammonium bromides for use during the day, and the chloral once only at night. Twenty to thirty grains of the former, *ter in die*, and as small a dose of the latter as will induce sleep at night and largely diluted with water, milk or beef-tea, the beef-tea being preferable in all typhoid states.

While large doses of chloral are indicated in maniacal excitement, in febrile delirium only small doses are required.

To periodically arrest cerebral disintegration in febrile delirium, at the natural time for sleep is a point gained each day in the direction of restoration as shown in the often apparent improvement of the patient after each waking, and enables the *vis medicatrix naturæ* to better fight the battle of life, with destructive disease.

The ammonium and sodium bromides too, when not carried to excess are restful and supporting, during the day, and not contra-indicated or incompatible with any other course of medication deemed proper to employ in the zymotic and malarial diseases. On the contrary they are especially indicated

where quinine is used and more assimilable than liquid bromine and more certain in quantity than the doses of the latter unstable and volatile mixture.

After the supporting plan of Graves who first fed fevers liberally with beef-tea, we know of no better auxiliary, after such specific medication as seems to be required in certain special forms of febrile disease, than moderate tranquilization by the least depressing of the bromides and chloral. The waste of brain tissue and the wear of nervous system is great in fevers accompanied with delirium, and it is rational to restrain activity within certain limits at least, by suitable calmatives and hypnotics. In fact, in all diseases, it is wise to imitate nature so far as may be practicable by promoting the regular sleep at the regular time of night. To what farther extent neurotic restraint should be carried in fever we have not determined beyond what has been above indicated. A certain limited amount of disintegration and elimination should be encouraged, perhaps, while at the same time the patient's strength should, so far as possible, be conserved.

## Translations.

## ARTICLE LXIV.

## FROM THE FRENCH.

EXCERPTS FROM LATE FRENCH JOURNALS. [Translated for the JOURNAL.] By A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

ANIMAL MAGNETISM.—Baréty of Nice, in endeavoring to determine the power of this manifestation, had recourse to general procedures such as are used in the study of optics. He experimented with lenses, mirrors and prisms, and found that the neural force obeys exactly the same laws that luminous rays do, in the deviations produced by means of those appliances. According as the interposed bodies (between the source of neural power and the object experimented upon) can be traversed, like glass, or absorb the neural rays, like water, can be established a division of bodies into dianeural and non dianeural. According to the author, there are three kinds of rays, of this nature emanating from different sources: from the extremity of the fingers, from the eye and from the lung. The experiments in reference to this were made upon a young hysterical female, and it was by directing the neural rays upon her head, that the author made his observations.—[*Progrès Médical*.

TREATMENT OF EPITHELIOMA OF CERVIX.—In Italy, lately, the good effects of nitrate of lead, in the treatment of ulcerated cancer, have been noted. Dr. J. Chéron has applied it to the treatment of ulcerated epithelioma of the cervix. After cleansing the ulcer with charpie dipped in glycerine and injection of a litre of cold water containing five grammes of perchloride of iron, if any blood comes, as is frequently the case, the ulcer is dried with charpie or cotton-wool. The nitrate of lead mixed with lycopodium is then insufflated, and a tampon of cotton-wool

introduced, to keep the powder in contact. One part, by weight, of nitrate of lead is mixed with two of lycopodium.

Under this treatment suppuration diminishes rapidly and the bad odor disappears. After ten or fifteen applications the author has seen the engorgement of the culs-de-sac diminish and the general state of the patients very much better.—[*Revue des Maladies des Femmes*.

**RAPID CURE OF EXSUDATIVE LICHEN RUBER.**—Dr. Köbner observed a carpenter aged 39, who, since the end of February, 1880, suffered from a generalized pruritus more marked upon the back. From March 30th, to May 25, he took internally four grammes of Fowler's solution without any result. On May 25, he saw an exsudative lichen ruber appearing over the whole body. Five hypodermic injections (25th to 30th, May) of Fowler's solution produced a notable change for the better. The internal use of the same from June 1, to 28 was followed by insomnia and pruritus. From June 29 to July 16, subcutaneous injections of 2 grammes of the same solution were made. In three days the pruritus had diminished and the eruption became pale and disappeared. A complete cure was effected between three and five months.—[*Paris Médical*.

**HYPODERMIC INJECTIONS OF WATER FOR THE VOMITING OF PHTHISIS.**—Dr. Raymond Tripier employs hypodermic injections of *aqua fontis* to prevent the vomiting of food in phthisical patients. For this purpose he injects very cold water at the epigastrium before or immediately after meals. He has frequently seen vomiting which was persistent, in spite of all appropriate treatment, cease.

In the same manner, he has stopped the vomiting of dyspeptics, notably that of women denominated "nervous" who cannot take morphia. It is essential in these cases not to let the patients become acquainted with the nature of the liquid injected.—[*Lyon Médical*.

**TALIPES VARO-EQUINUS AND PLANTO-VALGUS IN THE SAME CHILD.**—Jules Guérin presented a child having the left foot a pronounced varo-equinus and the right planto-valgus. Casts of the deformities were produced and the child, with the feet after treatment. The case was presented as a rare one in which two



varieties of talipes were found in the same individual and which doubly confirmed the theory of their cause and treatment. But to have complete recoveries it is necessary that proper manipulations and orthopædic appliances should be employed; the former as a method to gradually reduce the articular displacements and the latter as means of maintaining such reduction.—[*Bulletin de l' Acad. de Méd.*

DERMOID CYSTS OF THE FINGERS.—Dr. Rizet states that if dermoid cysts are rare in the hand they are almost unknown in connection with the fingers. Velpeau gave a good description of dermoid cysts of the hand in 1841. Broca noted four cases of lipoma of the dorsum of the fingers, Follin a single one; but surgeons are dumb in regard to dermoid tumors of the same parts. Nelaton is about the only author who has described one, of the right index. The author here details six cases all occurring on the fingers and examined carefully after removal to determine their precise nature.

The differential diagnosis is not given at great length, their slow production, absence of all crepitation, of pain and of any opening, the rounded form, without projections and without pulsation, and the knowledge that subaceous cysts are never present in the palmar region, will afford sufficient data.

Treatment consists simply in making an excision and enlarging it if there be any indications so to do, to detach deep adhesions. Reunion, generally, takes place rapidly and without supuration.—[*Gazette des Hôpitaux.*

CHARACTERISTICS IN SKIN DISEASES IN THE OLD.—M. Guibout having considered the character of skin diseases in children, turns his attention to the same in old age. In the old, growth no longer exists; there is but one thing to do, to resist disintegration; to retard, as much as possible, the tendency to dissolution. Everything is faded, blighted and cold. The organic fire are slumbering; respiration is badly performed through bronchi obstructed by the muco-purulent products of an habitual, chronic catarrh. Too often, emphysema, or old pulmonary lesions restrict respiration already bounded by narrow barriers. The orifices of the heart are retracted or insufficiently closed; the veins dilated, varicose. The arteries, atheromatous, almost ossi-

fied, have lost their elasticity; and the skin, thin, wrinkled, like parchment is also devoid of elasticity. It is dried up, the sudorific and sebaceous secretions having ceased to appear. It is a sterile, ingrate soil incapable of becoming inflamed.

The changes of the seasons have no influence; true exanthemata become rare. The sun can dart his hottest rays, but can produce neither erythema nor erysipelas. The old have hardly any other than an erythema of a very bad character, a prelude to disorganization and gangrene.

As to erysipelas it is never clean and inflammatory; when it is *d'emblée* it reduces the strength and brings on a general low condition; it is erratic, of a livid aspect and inclined to be covered with sphacelated spots.

The skin of the old, without vitality and without any force to react cannot resist cold, and is immediately gangrened without passing through that special inflammation known as *erythema a frigore*. This depression of vital forces, and alternation of physiological functions, has received a special name—it is a cachexia and the old are the victims of the most pernicious of all—senile cachexia.

The characteristics of cutaneous affections in the old are three:

1. They are *ulcerative*; they bring on more or less rapidly, the destruction and disorganization of cutaneous tissues.

2. They are *atonic*, this is a peculiar and distinguishing feature. When an ulceration takes place in a child's skin, the repair is rapid. In the old, on the contrary, the skin already disorganized, cannot furnish materials for repair; cicatrization of cutaneous lesions is very slow, difficult, oftentimes impossible from a deficiency of the necessary organic elements;

3. They are remarkable for their *Chronicity*. As much as the work of repair is active, almost acute in the adult, and eminently in the child, so much the slower and more torpid is it in the aged. Generally ulcerations remain in *statu quo* which is trying, when they do not extend.

The cachectic cutaneous affections of the old are confined, as a rule, to the lower limbs and are six in number.

1. Pemphigus of a chronic type; its duration is indefinite. There is generally but one bulla, which is constantly reproduced.

2. Rupia manifests itself in larger flattened crusts surrounded by an ulcerated circle which tends to extend by gangrene. A sanious fluid of marked fetid odor flows and may rapidly destroy the skin.

3. Prurigo does not disorganize the skin. Born of a cachexia it becomes a new cause and an aggravation of it and precipitates a fatal termination.

4. Purpura is chiefly seated in the lower limbs; its red spots have not that high color seen in the child. They are dusky and pale and persistent.

5. Ecthyma shows its grey pustules, leaving behind it thick, large crusts and beneath a surface deeply ulcerated; its duration is ordinarily very long.

6. As to ulcers of the legs, they are too well known to need more than a mere passing mention.

But it is not to be supposed that all old persons have such characteristic lesions, for there are many in whom, despite age, vitality is still high and general health vigorous.

The syphilitic, herpetic and scrofulous diathesis manifest themselves, in a pathognomonic form, in the old,

In regard to primary lesions, those denominated "dry" develop themselves in the skin of the old. Psoriasis, which although possessed of great activity still finds a very poor soil and is dwarfed and altered. The prognosis of skin affections, in the old must always be grave. Treatment must be tonic, nourishing. The general health must first of all be sustained. In regard to local applications, they must be stimulating, in a word, life must be re-awakened where it has so long slumbered or even perhaps disappeared.—[*Ibid.*

EXPERIMENTAL TUBERCULOSIS.—Dr. Bennett in speaking of the inoculation of tuberculosis does not think the experiments very trustworthy. He, in common with other observers, has found that inoculating with foreign bodies other than tubercle causes very often tubercles in the lungs of rabbits. He inoculated seventeen young rabbits—seven with cancer, six with simple pus and six with tuberculous matter. Fourteen became tuberculous; of these six had been inoculated with cancer, three

with pus and five with tuberculous matter. The remaining five recovered.

Cancerous matter in these experiments produced tubercle as often as tuberculous, which would tend to show that the matter inoculated merely acts as a foreign body, determining an inflammation, the cause of the tuberculosis. Pus being more easily absorbed, produces lighter inflammation and consequently less frequently tuberculosis.—[*Ibid.*

**TREATMENT OF SKIN DISEASES.**—The following are a number of formulæ employed at l' Hôpital St. Louis:

**Acnè pilaris.**—This form of acne often develops on the forehead, near the hair, and somewhat resembles eczema. A lotion as follows:

Flowers of Sulphur.....	2 parts
Alcohol.....	1 “
Water.....	3 “

is applied at bed-time. At each meal a half-teaspoonful of bicarbonate of soda in water is to be taken; and alkaline baths.

**Acnè facialis.**—The following is to be painted over the affected parts, every evening:

Water.....	10 parts
Spts. Camphor.....	3 “
Precipitated Sulphur.....	1½ “
Glycerine.....	1 “

General treatment must be attended to, iron preparations being indicated and tar water.

**Psoriasis.**—Apply with a brush on the patches:

Water.....	100 parts
Pyrogallic acid.....	1 “

and take a vapor bath each week.

**Pityriasis Versicolor.**—Take two baths each week and while in the bath, rub vigorously with a piece of flannel upon which a thick layer of *sapo viridis* has been previously spread.

**Eczéma Genitalium.**—This form (dry) of eczema, often very rebellious, can sometimes be advantageously modified by the following treatment: It consists in washing the parts, morning and evening, with luke-warm water, wiping dry and covering with powdered starch. Internal treatment has very little effect upon this form.—[*France Médicale.*

**TREATMENT OF LUPUS.**—Dr Schiff has successfully employed a method highly spoken of in Germany, which consists in touching the nodules with iodine and glycerine. Auspitz recommends puncture of the nodule with a wire dipped in the preparation (one of iodine to two of glycerine.) Schiff suggests a rubber pipette to which is attached a small trocar—hypodermic needle—filled with the mixture.—[*Ibid.*

This method is mentioned in the second edition of Dühring's *Treatise on Diseases of the Skin*, p. 451, but up to the present but very few reports have been made in regard to the efficiency of this method.—(*Translator.*)

**POLYPI OF THE NOSE.**—Voltolini of Breslau, (*Revue Mens. de Laryngol., d'Otolog. et de Rhinolog.*) publishes the following conclusions, which we cannot accept without some reservations:

1. Operating on nasal polypi with forceps is a barbarous, painful method, contrary to nature and imperfect and which must yield to the wire loop; however, there are cases in which the forceps are indispensable.

2. The wire loop should be more generally employed; for if, in many cases, it cannot cure it is always preferable to the forceps and not only can the same result be always obtained but even better.

3. The wire loop alone will not always suffice and recourse must be had to the galvanic wire.

4. Rectilinear porte-caustics are insufficient and bent conductors must be frequently employed.

It is evident that when a wire loop can be employed, it has advantages over the old instruments. But for this purpose the polypi must be isolated, markedly pediculated, mobile and of soft consistence. If the nasal fossa are filled with polypi, if their base is large, and a little resisting in texture, the forceps is the better instrument. With the loop, extensive tears of the mucous membrane often result as formerly with the old forceps. Now more slender forceps can be used and frequent examinations made to observe progress and the ulcerations or pedicles can be touched with a slight caustic.—[*Jour. de Méd. et de Chirurg. Prat.*

**PREDISPOSITION TO HYSTERIA.**—Dr. Briquet in a very interesting and quite lengthy paper on this subject divides the predisposition as 1. By heredity; 2. Direct; 3. On account of some pathological cause; and 4. By menstrual troubles. In the first category, out of a total of 450 hysterical patients 180, or nearly one-half—had hysteria in their families. In the same number (450) were 200 who had a more or less direct predisposition. Predisposition on account of some morbid cause the author has found in 47 cases and combined with heredity in 27. The predisposition having its origin in menstrual troubles is the least common. He found it in 60 patients. In 47 cases, simple; in 13 accompanied by heredity. The intensity of attacks in these different classes varied greatly.—[*Revue Médicale*.

**PARTURITION DURING SLEEP.**—M. Weill gives the history of a well-built woman of 23, delivered of a robust male child June 16, 1877 and whom she nursed eleven months. The labor lasted about an hour. Pregnant a second time she was delivered under the following circumstances:

She took a walk Sept. 5, 1880, until 11 P. M. and retired to bed; at 3 A. M. she awoke, feeling a desire to micturate. She arose, got over a vessel, gave a cry, called her husband and told him she was delivered and asked him to get a doctor. The author saw the woman ten minutes later. She was still in the same position; was carried to bed; no hemorrhage. The vessel contained the child (female), weighing about 10 pounds, and the placenta. The woman did well with the exception of a retention of urine lasting three days.

It is probable that the woman had uterine contractions which did not wake her, and that the desire to urinate was nothing but a strong contraction. The mother of this woman had a labor with the same attending circumstances.—[*Gazette Méd. de Strasbourg*.

## ARTICLE LXV.

## FROM THE SPANISH.

## ALCOHOL AS AN ANTISEPTIC IN THE TREATMENT OF WOUNDS.

By Dr. J. R. Sauri. [El Alcohol como Antiseptic en la Curacion de las Heridas. *La Emulacion*, Merida, Yucatan, July, 1881.] Translated for the JOURNAL. By JOSEPH WORKMAN, M. D., Toronto, Canada.

For many years past the treatment of wounds, especially of those demanding high surgical operations, has been the object of continued observations, the therapeutic result of which has well corresponded to the pretensions of the practice.

Recognizing in the atmosphere the principal, if not the unique, cause of the alarming aspect frequently presented by suppurating surfaces, whether from simple contact of air, or from the action of those microzymas or germs, whose abundant existence in the atmosphere has been demonstrated, it has been sought, by means of various apparatus, or by substances styled antiseptics, to secure the almost complete absence, or the neutralization, of the chemical or mechanical effects which, at the least, retard the cicatrization of wounds.

\* \* \*

Being unsupplied in the state Yucatan with the indispensable requirements for a vigorous employment of the apparatus or appliances of Lister, I have been constrained, as charged with the direction of the wounds of surgery in the general hospital, to select among the substances accorded, some one which might, in my opinion, offer the best promise in the treatment of that class of wounds which are so often brought under my notice; and from a large number of collected observations, to be able to place, however summarily, before the reader some of the principal results; and it has resulted that alcohol, as an external curative, offers undoubtable virtues, which place it among the prime antiseptics to-day recommended by authors.

The use of this liquid is by no means recent, and therefore I

aim merely at a simple demonstration of the good results which it has given me, chiefly in cases of large solutions of continuity due to tearing off the arms by the machinery which takes off the filament of *henequan* (?), or by cars, which by their weight destroy the upper or lower limbs of persons who are engaged in such work, and who are wont to fall, sleeping or drunk, under the wheels of these vehicles.

Before entering on my subject, in order that the unfavorable circumstances by which I have been surrounded, in the treatment of wounds, may be understood, I may be permitted to describe the defects of this hospital, and the great reforms called for in behalf of the patients who enter it.

The building was constructed for a convent of Franciscan monks, and though modified a little in the last 18 years, it is not at all adapted to its present purpose. In the first place, its halls cannot, unless in violation of all hygienic propriety, lodge the increased number of sufferers who necessarily are placed in them, as well because no other hospital is found in Yucatan, as because its space is wholly insufficient to lodge more than 80 patients with adequate accommodation and conveniences. This will be better understood on knowing that the hospital consists of four departments; two for sick men and women respectively, and two for the insane of both sexes, so that it is truly crammed, and it is necessary to avail ourselves of every inch; it is impossible to separate or isolate the suffering inmates, when so required by the various classes of the wounded, and above all those who have undergone any severe operation.

It is borne in mind that though there are in Merida, battalions of the federal forces of the state, they have no hospital for their sick, and this renders still worse the condition of civilians, who are forced to receive and assist them for a miserable pittance. When we add to the causes of insalubrity the fact that the funds of the hospital do not reach \$1,000 per month, to meet all occurring expenses, a remote idea may be formed of the ever increasing necessities of this asylum, and of the difficulties encountered in its administration. Efforts have indeed been made by the Directorial Junta and the different governments which have succeeded each other in the country, to remedy these evils, but for their prompt removal large sums would be necessary, which at present are not possible to be given. It will not, in



view of these facts, appear strange that purulent infection has been very common in the establishment, so that up to the beginning of 1878, almost to a certainty the wounded and those operated on, succumbed in spite of all precautions taken to prevent a fatal issue. Such were the circumstances under which, in the beginning of 1878, we undertook the treatment of large wounds by alcohol as our chief efficient agent. Prior to this time we had limited its use to wounds of the scalp, and trivial wounds in various parts of the body. The number thus treated, and the success attained, proved to be of greater value than that obtained in civil practice in families, or in the country.

We have stated that we frequently receive in the hospital two classes of severe wounds; those caused by machines used in the chipping of henequen, and those caused by loaded cars. The former come from the haciendas, and the patients are presented to us for examination, from six to forty hours after the accident, the knives of the wheels moved by steam having sometimes cut off only the digital phalanges, sometimes the forearm, and sometimes the entire limb by tearing it from its articulation with the trunk.

Although in these cases the hemorrhage may prove fatal at the outset, the flow of blood generally does not pass certain limits, because of the consequent retraction of the vessels, aided by the strong ligatures which the fellow workers hasten to place over the wound. As relates to the aspect of the wound presented, it varies much, now presenting the bone separated on a level with the tissues, or these leaving it uncovered at a greater height, at varying extent, and again forming in their extremities some irregular rags, which usually favor the stump.

As regards the second class of wounds, they are presented with complications of comminuted fracture, tearing and extensive contusion of the soft parts; they are generally inflicted on the inferior limbs, on only one, or on both at once.

Almost always, in these circumstances, we had felt bound to have recourse to amputation, because of the grave disorder and mutilation in the textures.

\* \* \*

Keeping in view what I have here said, I would now speak of the treatment by alcohol, which for some years past I had employed in small wounds, and which I consider highly useful

and now use in the large wounds to which I have referred, as the best means at our command in this state, and which I avoid only when a contra-indication exists.

Experience has shown me that alcohol, in contact with denuded surfaces, produces, for the moment, a sensation of heat, which is replaced very soon by a transient tumescence. It is observed that under the influence of this agent, the inflammatory state of wounds does not take place, or that it is reduced to the minimum of intensity. Besides it provokes and facilitates cicatrization, opposing in many cases the formation of pus or diminishing this morbid secretion when it is present. This last advantage, thus obtained, might alone suffice for its good name, since it almost certainly hinders the accidents of purulent and putrid infection, so fatal to patients. We do not speak with magistral authority; we merely desire to say that the observations gathered by us in the clinical halls of the general hospital, have furnished to us the basis of our judgment as to the manner of proceeding, whether in the dressing of wounds, or in deciding on amputation in those cases which seemed urgently to require it.

We should, however, observe that in some much contused wounds, which cannot be brought into due apposition, or in those in which suppuration appears or exists of a yellowish or orange color, and of viscid consistence, I abstain from the application of alcohol. Experience has shown me that in these circumstances purulent infection is imminent, and therefore I hasten to avert it by other means, as in the following case:—

I had in hand a case of tearing away of the fore-arm in its middle third, and desiring to preserve the rest of the member, I adjusted the wound as well as possible, applying alcohol at 26°; two days afterwards I was surprised by the appearance of a thick orange colored suppuration, in consequence of which I substituted topically some powders of cinchona, carbon, and camphor in equal parts, cleansings by decoction of carbolized cinchona, then sulphate of quinine and iron inwardly. In this manner I was able to save the patient, who is now completely restored.

(To be continued.)

**Proceedings of Medical Societies.****ARTICLE LXVI.****ST. LOUIS MEDICAL SOCIETY.**

SATURDAY Sept 10th 1881.

DR. DICKINSON.—A friend of mine, a physician in the city, sent me some time since a child two years of age. The mother observed almost a year since that this child began to move its head laterally—a slight rotation as if signifying something wrong with the neck. I speak of this to bring up the subject of cerebral localization. The physician in attendance thought that perhaps there was something the matter with its eyes and that was the special object of its commitment to me. I found nothing, however, to account for it. The child was quite tractable and admitted of an easy examination. The mother observed on one occasion that the nurse was disposed to frighten the child by some sudden surprise, and immediately after the occurrence of this the mother began to observe this rotation of the head. I couldn't account for it in any way except that the fright received exerted some influence on that portion of the child's brain which presides over the muscles of the neck. On Thursday morning last, happening to be at the depot I saw a man leading a little boy, probably five or six years of age, and I observed this same phenomenon with him, only to a much greater extent, but the child was evidently blind. This coincidence brought the two cases more forcibly to my mind. I have nothing more to say except that when I temporarily applied galvanism—the continued current—to the muscles of the neck it seemed to control—to stop this rotation, and then, when I took the pole away it began again in probably half a minute.

DR. LEMEN.—Did the child suffer any pain?

DR. DICKINSON.—Not the slightest. It never had any convulsions—nothing to which this could be attributed except the single circumstance of fright which the mother observed the nurse on a certain occasion to practice.

\*I should say however that the child has never articulated except a few words "pa" and "ma" and one or two other intelligible sounds or words. Other children who are one year old or even less indulge in more sounds than this one, although it is two years old.

**Imperfect Development of Fœtus.**

DR. GUHMAN.—Mr. President: Fourteen days ago to-morrow, I was called by a midwife to deliver a lady, and after an examination took it to be a breech presentation, and so it was, but the evidence necessary to satisfy us that it was a breech presentation was wanting, for we felt for the anus and couldn't find any. The baby was delivered and after examining the child I found that there was no anus. There was a scrotum about four inches long but there were no sexual organs of either male or female—no vagina and no sign of a penis. The left leg was three inches shorter than the right and there were no tarsal bones. The child looked like a Sea lion. The child had been dead, I suppose three or four days, as there was some gas in the abdominal cavity. There was no sign of a rectum, vagina, penis or anything except this long scrotum.

DR. HURT.—Were there testicles in the scrotum?

DR. GUHMAN.—I didn't feel them—there was nothing in it.

DR. ROWLAND.—Did you inquire whether the woman had been frightened during gestation?

DR. GUHMAN.—Yes; I did. She couldn't give any cause whatever. The child was well developed excepting this left leg.

DR. HURT.—You didn't preserve the specimen?

DR. GUHMAN.—I couldn't get the specimen.

DR. ROWLAND.—Did I understand that one of the legs looked like those of a Sea lion?

DR. GUHMAN.—Yes sir: that was on account of the tarsal bones being missing so that it was shaped exactly like a sea lion. There was a formation of the fleshy part of the foot but it was something in the shape of a sea lion.

**Cutis Anserina.**

DR. ROWLAND.—Mr. President: I saw a case a few days ago of some little interest to me and something which I had never

before observed, in fact it seems to be something new. An Irish girl who has been in this country about twelve months, consulted me with reference to a pain in her side which she said had existed off and on for twelve months. At least she said that she suffered with it almost twelve months ago. At that time she suffered with it for a month or six weeks at the end of which time she says she passed a large amount of pus from the bowels. The pain of which she complains is in the region of the liver and she says it was in that locality before and that she realized decided relief, in fact she was no longer troubled with the pain after the pus was discharged. I examined the side by measurement and by percussion and so forth, and it seems to me to be a case of muscular rheumatism. But the peculiarity to which I wish to call the attention of the society—a phenomenon of which I have never seen the like—is this: when I percussed the side she flinched, and I noticed on that side that there was a complete a perfect, development of what is termed cutis anserina. This however did not last quite a minute. In one minute this rough condition had disappeared. I examined her again, in fact I examined her quite frequently and every time I percussed in a manner to give her pain, this same condition would make its appearance, and in addition to that, there was some little perspiration. I noticed that after I percussed almost immediately there followed a roughness and after this had continued a moment, there seemed to be a disposition to perspiration. This is the matter to which I wish to call the attention of the Society. I have never seen anything like it. I might add that this condition of the skin came exactly to the centre of the spine and as far down as the nates and up to the neck, and over the shoulder on the right side.

DR. POLLACK.—Where do you suppose the pus came from?

DR. ROWLAND.—I don't know. I never saw the patient until a short time ago. I have only heard her say so about it.

DR. DICKINSON.—Was the perspiration on the right side?

DR. ROWLAND.—The same side. The perspiration was secondary. This rough condition of the skin would make its appearance first.

DR. MUDD.—How do you explain the condition doctor?

DR. ROWLAND.—I don't pretend to explain it. I think it is a peculiar nervous influence. I am not satisfied about the facts. I have not studied the case up as I intend to. I wouldn't have mentioned it to-night if anything else had been on hand. There was a very slight discoloration of the skin on the corresponding side. There was a slight flush of the skin and then this thickening up. The perspiration would only make its appearance after prolonged handling and then was only slight. The first thing was a slight blush and in a moment the thickening of the skin—*cutis anserina* would make its appearance.

DR. LEMEN.—I should think the doctor's percussing that side irritated the nerves and caused the little muscles which control the papillæ to contract, causing that condition of the skin and then the relaxation of the muscles again caused the perspiration to follow. That is probably the explanation of it.

DR. ROWLAND.—No: You don't understand me. The first thing to make its appearance was the *cutis anserina* and by prolonged handling so as to produce pain—after the *cutis anserina* had been out for a minute—the perspiration began to show itself.

DR. LEMEN.—Well I think that would be explained the same way.

DR. DEAN.—It could be explained the same as herpes. Herpes is a disorder due to nervous influence.

DR. ROWLAND.—It observed the mesial line, gradually extending from the neck as far down as the nates. It was only yesterday I saw the case and have not examined it since.

DR. PREWITT.—Was the perspiration limited to one side?

DR. ROWLAND.—Yes sir.

DR. STEVENS.—It is a very common thing for perspiration to affect one part of the body. I have seen two or three cases. One case where perspiration occurred on one side of the head and not on the other. It is a common thing among opium eaters. How to account for it I don't know.

#### ***Echinococcus* (?) and *Polyuria*.**

DR. POLLAK.—Mr. President: Some three weeks ago I was called in consultation to a child which about 10 days before

passed a white mass of the size, shape, and color of a hen's egg. This was passed from the bowels. It was passed without any pain and without the slightest previous sickness. The child is 26 months old and has never been sick before. The mother happened to notice this large, white, gelatinous mass in the chamber-pot and didn't know when it passed. She preserved it for inspection for her family physician. Several physicians have taken specimens and examined it but couldn't account for it or tell where it came from. There is nothing unusual about the abdomen. Where it came from, I can't tell. If it came from the liver it would have caused enlargement of that organ and consequent pain. Up to this time the child had enjoyed perfect health but three days afterward polyuria or diabetes insipidus manifested itself. She micturated six times in an hour and micturated at least two or three ounces of perfectly clear, limpid urine of no specific gravity at all and with no trace of albumen. She would often micturate five or six times in an hour and never less than three ounces. At night, of course, her clothing was literally drenched and passing through the bed clothes. Now the child is not thirsty. There is not a particle of thirst and she doesn't care to drink, but has a most voracious appetite which is never satisfied; yet, whatever they give her to eat passes undigested from her. She eats meat abundantly but it comes from her undigested. Her bowels move four or five times a day and the child is visibly falling off. The child weighed 31 pounds and has fallen off to a little over 24 pounds. Otherwise the child is lively, sleeps well, eats prodigiously. It is a singular phenomenon that no matter how much she eats her appetite is not appeased. It is about three weeks since I saw her the first time in consultation and I have only seen her three or four times but the polyuria has not subsided, or at least very little, and she is evidently shrinking up so that there is very little left of her. I made an examination of this mass, which came from the bowels, but I could find no hooklets, or antennæ. Dr. Evers also failed to find any. I am inclined to think it is clear gelatinous mucus. It was one large gelatinous mass the size, shape, and color of a hen egg. All her food has been carefully selected and given with lactopeptine. She eats the pulp of a beef-steak and drinks milk but the food is not digested. She never cares to drink. The skin is perfectly dry—just as dry as it can be. The quantity of urine passed has decreased a little but it is still clear, col-

orless as spring water with no trace of organic matter in it. For some time tinct. chloride of iron, and for the last ten days, ergot has been given in pretty large doses—25 or 30 drops every four hours. Ergot has been highly spoken of. Dr. Sanders has met with great success in its use and we concluded to try it here to see what effect these large doses of ergot will have.

DR. DEAN.—You say this was a homogeneous mass?

DR. POLLAK.—Yes one mass the size and shape of a hen's egg.

DR. DEAN.—It had no appearance of a membrane?

DR. POLLAK.—No, sir; so far as I can find out it is not fibrinous, what else it can be I don't know yet. There is no tenderness of the abdomen, nothing is the matter with the liver. I don't know where it came from; I can't imagine.

DR. DEAN.—You say you have made an examination of the specimen? It is not a case in which echinococci could come except from the liver and I don't see how it can separate the bile in such a way as to be passed in that way. It is a very rare case. I have seen two cases in this city; one some fourteen years ago and one case last year. This case was published in the JOURNAL and copied into Ziemssen's Encyclopædia.

DR. POLLAK.—Is it not possible the parasite may find its way into the kidney?

DR. DEAN.—I don't see how so large a mass passed the ureters.

DR. POLLAK.—I don't mean this one came from the kidneys. I don't see how so large a mass came away without causing pain.

DR. DEAN.—The echinococcus is supposed to come from the egg of the tænia. This may have been in the raw meat.

DR. POLLAK.—She never ate raw meat until just now. The child is shrinking up. It is a pitiful sight to see a lively healthy child shrink up. It hasn't that peculiar appearance that sometimes occurs after cholera infantum in which children fall off so often, it is a drying up—atrophy. The skin is dry; no trace of perspiration, not a particle. Then the singular feature, that there is no thirst. The temperature is normal. It has never exceeded 99° and the pulse never was over 100 and ordinarily it



is normal. The respiration is normal. The tongue is not the least coated and the organs are apparently well developed. The urine never decomposes. I have kept it three or four days but it does not decompose. It has no particular specific gravity.

DR. PREWITT.—Has any accurate measurement of the quantity of water passed in twenty-four hours been kept?

DR. POLLAK.—Yes. She passed water about five times every hour and about three ounces each time. Fifteen ounces an hour at first. At the present time she doesn't pass quite so much, that is, not quite so often. One day she passes less and the next day more.

DR. PREWITT.—Three-hundred and fifty ounces in twenty-four hours! At that rate she will soon pass more water than the whole body will yield.

DR. POLLAK.—Of course the quantity of urine passed at night cannot be carefully measured. She is put to bed and during the night she passes enough to literally drench the clothing and to go through the mattress. Is it not sufficient to know what she passes in the day time? What to do is the great question. Have you had much experience with lactopeptine? I haven't seen much good result from it. There are some very poor articles in the market. I have gotten some preparations which give admirable results and others are almost worthless.

But as you will not make any suggestions on this case I will report another one. There recently came under my observation an old man seventy-two years of age who weighs about three-hundred pounds, a cooper by trade and a regular beer drinker—that is, he drinks about three or four glasses a day but he is only able to drink the beer of one brewery; only one brand of beer. As soon as he drinks any other kind he is troubled with retention of urine. About two weeks ago I was sent for—on Tuesday evening. The man had been out at one of the beer-gardens on Sunday evening and drank several glasses of beer and when I saw him he had not been able to make water in forty-eight hours. Two physicians were in attendance, and they had failed in drawing off the water. I couldn't go immediately when I was called and as they said he was in a great deal of pain I sent him some morphine—one grain to the ounce and told him to take one teaspoonful. I had an object in that. I have

occasionally seen this decrease the irritation of the neck of the bladder. I got down at seven o'clock and with a catheter drew off eight tumblers-full of urine. I couldn't see the form of the bladder because he was so enormously large. The next morning they came again to get me to come and draw off the water and I succeeded again. But again he couldn't make water the next day, so I had to go over, but, this time, I couldn't get a drop. I made an examination per rectum and found the prostate enormously enlarged. I put warm fomentations over the kidneys and bladder and gave philocarpine internally one-fifth of a grain every four hours, also eight wet cups to the lumbar region. The next day I passed the catheter to draw off the water and succeeded very well. The next day, Saturday, I tried again and failed most signally—couldn't get a drop. Why did I fail in doing so? I am sure there was enough in the bladder. The next day I was sent for again, but of course I couldn't go every day to draw off the urine so I suggested to him the advisability of getting him a large elastic catheter and showing him how to introduce it himself and let him draw off the water until such time as he recovers. Now the question is why did I fail in drawing off the water? It occurred to me it might be due to the paralysis of the bladder on account of intense irritation.

DR. DEAN.—Was the bladder distended?

DR. POLLAK.—Enormously. The prostate was much enlarged. Where does the trouble come from?

DR. DEAN.—The difficulty may have arisen from the catheter.

DR. POLLAK.—No, there was no difficulty with the catheter, there was no obstruction. What is the reason that nothing came? Of course the enlarged prostate may have something to do with it. I am sure I passed the catheter just as I passed it the times when I was successful. I took Dr. Bryson with me the last time and he found an enormously enlarged prostate.

DR. PREWITT.—That is what frequently occurs and I suspect that the gentleman didn't get the tip of the catheter into the bladder.

DR. POLLAK.—I did.

DR. PREWITT.—Well practitioners very often think they do

and yet they don't. When the prostate is large it often takes a catheter of unusual length to reach the bladder.

DR. POLLAK.—I had one of unusual length.

DR. PREWITT.—I suspect, in this case, that the point of the catheter did not reach the bladder. There is no reason why the water should not be drawn away if it did. I suspect the doctor didn't get it in quite far enough. There couldn't be any other reason. The ordinary catheter will not do in those cases; it is necessary to have a large catheter. In many cases of enlarged prostate we can get to the bladder only with the regular prostatic catheter—with the point turned up sometimes to a sharp curve.

DR. DEAN.—I had a case only a few weeks ago in which I succeeded one day but couldn't draw any water the next day and was obliged to use the trocar in the rectum. The next day I succeeded but two or three times I didn't succeed and yet I used the same catheter each time. The prostate was very large and the catheter was held very tightly, very difficult to move.

DR. BARRETT.—I wish to say that I think Dr. Prewitt's explanation is the correct one and that it could not possibly be caused by anything else. And this case recalls to my mind a little circumstance that I recollect of seeing at the Pathological Society in New York early in my career—when I first commenced the practice of medicine. It was a very amusing incident and well illustrates the manner in which a man of experience may be mistaken about the introduction the catheter. An individual was brought to Bellevue and into the wards of Dr. Bartholow who is the acknowledged head of the surgical profession in New York city. There was a tumor in the lower portion of the abdomen which was supposed to be the bladder. The doctor introduced the catheter and failed to get any urine. The man died shortly afterwards of uræmia and the post-mortem examination showed the bladder immensely distended with water. Dr. Barker took the specimen to the pathological society and presented it as a remarkable case of the rapid accumulation of water and said that when the man had come into his wards he had introduced a catheter into the bladder and had gotten no water. Dr. Clark was in the society and he got up and said that the case had come into his wards and he finding a

tumor in the lower part of the abdomen, in the region of the bladder, had sent the patient to the surgical service on account of it and he asked Dr. Barker if he was sure he had gotten the catheter in. The doctor got up and very angrily said he knew when he passed a catheter in. Dr. Clark then said: "as it is, the question resolves itself into catheter versus percussion", and sat down.

DR. ROWLAND.—The question arises it seems to me as to why Dr. Pollak failed to get water one day and got it the next with the same catheter. It seems to me the explanation of it would be that on one day the urethra—the prostatic portion of it—happened to be a little more irritable than on the previous day, on the day following and thereby prevented the entrance of the catheter for the reason that the catheter passed very tightly and so didn't reach the bladder owing to the stricture of the urethra. It would stretch to some extent owing to the spasmodic contraction.

DR. POLLAK.—I could feel the point of the catheter by introducing my finger in the rectum.

DR. PREWITT.—You probably felt the curve of the catheter. I venture to say the doctor couldn't feel the tip of it in the bladder. That could only be done by passing the finger through the prostate gland. I don't think you can do it at all when the prostate is large. Now, I don't think there is any doubt that the doctor failed to get that catheter into the bladder. As I said the ordinary catheter will not enter the bladder when the prostate is much enlarged, you can't make it pass into the bladder. It isn't long enough. I don't think the theory of paralysis would explain it. If he had paralysis of the bladder there would have been intense pain. You may have a bladder greatly distended with water without pain. This man had an enlarged prostate which is a common condition of things with old men, the enlarged prostate and the indulgence of dissipation caused the attack of retention of urine. It is a common thing for old men with enlarged prostates to have retention of urine. I have known an old man who carried a catheter with him all the time and was obliged to use it all the time to empty the bladder.

SATURDAY, Sept. 17th. 1881.

**Loss of Liquor Amnii.**

DR. HURT.—Mr. President: About a year ago I was consulted by a lady about thirty years of age, who has been married twelve years and has a son about eleven years old, the only living child. She gave birth to a daughter a year or two later but she died. I was consulted by her on account of menorrhagia for which she was treated by general medication, no local treatment at all. She improved and became pregnant, but for the first three months of her pregnancy she was so much nauseated and had so much uneasiness in the region of the pelvis that it was supposed a miscarriage was inevitable. For three months, she was kept in bed for the reason that when in an erect position the uneasiness seemed to increase. After the uterus became too large to be contained within the pelvis, she was able to get up and run around and had a splendid appetite and improved generally, looking younger, fresher and stouter than I had ever seen her. At about six or six and a half months, on the fourth of July, I believe it was, after a long ride on a street car, she had a rupture of the membranes and an escape of the liquor amnii. She reported the circumstance to me and I told her she would miscarry: She went just a month, however, after this escape of the waters and fell in labor at about seven and a half months of her pregnancy and gave birth to a living child and the child is still living, is six weeks old, and seems to give evidences of continuing to live, although it is quite feeble and was very feeble at its birth. One of the troubles about the child is that it is very much constipated in its bowels, and was for a time jaundiced. It sometimes goes three or four days without an action. I am endeavoring to remedy that by adding to the mother's milk such articles of diet as will stimulate the alimentary canal. Some improvement has been made but yet I believe the child doesn't get an action on the bowels without an injection. After the accident of the escape of the liquor amnii occurred, I mentioned the circumstance to two or three of my

professional brethren and they all gave it as their opinion that she would miscarry very soon, but very much to my astonishment she went a month after the escape of the waters before her labor came on. And then what is still more singular is that the child was born alive and well. Now it may be that some of you have had experience quite similar. This may not be anything extraordinary to some of you, but it was so much so to me that I thought I would report it.

DR. BARRETT.—You say there was no water at the time of birth?

DR. HURT.—Well, there might have been a sufficient quantity to moisten the vagina but, so far as I could discover, there was no escape of water in any quantity, not even a spoonful.

DR. BARRETT.—Was there a continual dribbling from the time of the escape of this water until labor set in?

DR. HURT.—It came in little gushes.

DR. BARRETT.—Never ceased to come?

DR. HURT.—Never ceased to come. Every few minutes there would be a gush of water. I kept her in bed most of the time, after this accident and she would pull the linen from under her and show me that it was dribbling away.

DR. BARRETT.—Mr. President; I have seen an escape of large quantities of water. Of these cases, I remember two especially, one was the case of the wife of a medical friend—the wife of an obstetrician here who was going down the river to visit some friend being pregnant at the time. I think she was in the seventh or eighth month and as she was going on the steamboat there was a rupture, apparently of the sac, with a tremendous escape of water so that it wet her clothes, saturated them thoroughly. She immediately left the wharf and returned to her home, fourteen or fifteen squares off, and sent for me. When I got there the water was still dribbling away. I supposed of, course, that the membranes were ruptured and labor would come on and I advised her to go to bed. The next day the escape of water ceased, she got up and went about her business without any further escape of water and I think she was not confined for some two months afterwards. My impression is, though I won't be certain, that her husband told me that there was a subsequent

escape of the same kind. I think the escape of waters are generally conceded to result from dropsy of the amnion and that, I presume, was the condition in the case that I referred to. I don't well understand how the membranes may themselves be ruptured so long in advance without producing labor. The uterus, it seems to me, would collapse to such a degree as to cause contraction and labor would inevitably follow shortly afterwards. Dr. Hurt may be mistaken in regard to the absence of water at the time of labor. He may not have been in a position to determine the fact. The membranes may have ruptured high up and the water escaped gradually before he got there, during the first three or four hours of labor.

DR. HURT.—That may be possible. I will premise that from the time this lady reported to me that her water had broken away I did not examine her until she sent for me when in labor. I then examined her and found that the child's head was presenting in the os uteri. The os was well dilated and so far as I could detect by the touch there were no membranes between the child's head and my finger. The lady said, after I had sat down a little while, she believed her pains had all left her and I went back to my office, which was not far away. I had not been in my office very long till she sent for me again, and when I got to her the head was in the act of emerging from the vulva. Whether there was any escape of water at the time of the birth of the child I really couldn't testify positively.

DR. DEAN.—We had a case at the hospital some time ago somewhat similar. A woman came to the hospital and was supposed to be in labor. She declared that the membranes had ruptured some hours before, some twelve or fourteen hours before, I think. I made an examination, introduced my fingers into the mouth of the womb but as she had no pains at any time I tried to convince her that she had probably passed water, but she insisted that she had had children and knew the difference. She stayed some five days and labor not coming on left the hospital. Of course I can't vouch for the statement that she passed the amniotic fluid.

DR. HURT.—Mr. President, if the Society will indulge me one second I will say that when labor did not come on in a few days after the fact of the rupture had been reported to me by my patient, I began in my own mind to account for this

escape of water by supposing that there were some hydatids attached to the membranes, or, as Dr. Barret says, some dropsical condition of the membranes. When I examined her at the time her labor set in I felt very well satisfied that the membranes had been ruptured for the child's head was naked. There was no membrane between my finger and the child's head. I am really inclined to think that the membranes in this case were ruptured from the beginning; that the uterus was somewhat relaxed at the orifice and a sac had been formed in the os and became so distended and attenuated that it gave way. That is one way to account for it. It may, however, have broken higher up. This would better account for the fact that the water had dribbled away. There must have been some place for the water to accumulate, to account for the phenomenon of the gushing of the water every once in a while. I examined this lady before she had passed the third month and the os was then a little open, and appeared to be a little tender, so that I was impressed with the idea that there would be a miscarriage before she had passed the fourth month.

DR. BARRETT.—I think, Mr. President, that it is a generally conceded fact that when the membranes are ruptured labor inevitably comes on in a very short time. I think this is conceded by all authorities. So far as my own observation goes it corroborates that fact.

DR. POLLAK.—What do you call a short time?

DR. BARRETT.—Within forty-eight hours. I have never seen a case of labor where the labor pains didn't come on within that space of time after the rupture of the membranes and the escape of the water. I believe it is regarded as a certain means of provoking labor. If in Dr. Hurt's case the membranes were ruptured and labor didn't come on for so long a time it must certainly be a very exceptional case.

DR. SCOTT.—I agree with Dr. Barrett that after the rupture of the membranes we are apt to have labor at least within forty-eight hours. From my own experience that is the case. I think Dr. Hurt's case is not very remarkable. It was probably a case of dropsy of the membrane. Every one of us has seen such cases where the water would accumulate and gush out a month or six weeks before labor has taken place. I have seen several



such cases. The last case I saw was of a lady who had a gush of water a month ago. I delivered her the other night. I am satisfied that there was no rupture of the membrane but simply a dropsy of the amnion. We have all met with such cases.

DR. A. GREEN.—I think the safest means of producing labor is to draw off the liquor amnii. If you draw off the liquor amnii labor must take place. If you know in time of an extra-uterine pregnancy or of a tubal pregnancy and plunge a trocar in and draw off the liquor you destroy the growth. So if the foetus is dead the uterus will contract and labor takes place. So if the liquor amnii is drawn off the uterus contracts and the foetus is thrown off.

DR. POLLAK.—Mr. President. I have known a case of rupture of the membrane, and of a gush of water in which abortion did not take place until eleven days exactly afterwards, and during that time every day some of the fluid escaped, more or less, not until the eleventh day was, the child born at about six and one-half months. This is the reason I asked what Dr. Barrett called a short time.

DR. JOHNSTON.—I think it is possible that we may have a slight rupture of the membranes and the water may be dribbling away for days without labor coming on. I have been practicing for some 40 years, and have had a great many cases where women have been as much as a month or six weeks with occasionally a little water dribbling away. The only difficulty we have to encounter, is that the women might be passing water from the bladder, and we can't examine from time to time to ascertain. She may pass water from the bladder and not be conscious of it. But I am well convinced to-night that you can have a slight rupture of the amnion and a running away, if you have a complete rupture, you then use the word gush. If the water runs away, the child pressing against the side of the womb produces irritation and brings on labor; the water dribbles away and labor doesn't come on for a month. I had a patient who died a year ago of septicemia; she usually carried the children only two or three months, but this time she carried it eight months. Now, no woman can carry a dead child, because when it is dead it will press against the uterus, so that in Dr. Hurt's case I think it is probable the membrane was slightly ruptured, and as the woman lay in bed a little dribbled away at a time

and when labor came on there was no water there, the woman lay in bed, there was not sufficient motion to bring on a contraction of the uterus. I don't think that the running away of the water is sufficient to bring on labor, and I think my experience will bear me out. There are a good many cases in which labor will come on in a short time after the rupture of the membranes but sometimes it will not come on for weeks.

DR. BARRETT.—These cases of the escape of water which are so commonly observed, where it is not known where the water comes from; whether it is discharged from her bladder or whether it comes from an amnionic rupture or some other locality, form an indefinite basis of opinion. I am fully satisfied that if we put a knife or trocar into the membranes so as to rupture them and allow the liquor to escape, that labor pains will come on pretty soon afterwards. I don't think any man ever ruptured the membranes intentionally or unintentionally who didn't bring on labor pains pretty soon afterwards. These cases where the water simply dribbles away are indefinite however. When the uterus collapses it excites contraction and contraction produces labor.

DR. JOHNSTON.—It so happens that an old gentleman in this city, a member of this society, once ruptured the membranes to produce abortion at about the fifth month, and the labor pains didn't come on for a week. I know three or four such cases.

DR. BARRETT.—How do you know he ruptured the membranes?

DR. JOHNSTON.—I have the lady's word for it. She says he took an instrument and passed it into the uterus.

DR. BARRETT.—The President will probably recollect the case he and I attended, in which we found it necessary to produce abortion on account of the persistent vomiting. Dr. Mudd I think had introduced several tents, very large tents, without success. We took a bougie and passed it clear up to the fundus of the uterus, and left it there I think twenty-four hours. This did not produce labor pains, and as Dr. Mudd was called out of the city he turned the case over to me. I succeeded in bringing on an abortion through the action of electricity, when the ovum was thrown off at the end of a week, the membranes being intact.

DR. POLLAK.—You didn't rupture the membranes?

DR. BARRETT.—No sir, we didn't.

DR. SCOTT.—It is the rule among obstetricians that when it becomes necessary to produce abortion on account of a deformity of the pelvis or the relief of intense nausea, to introduce a trocar or bougie for the purpose of rupturing the membranes and I am sure that in forty-eight hours afterwards we will have labor pains. I think it is a rule that we rupture the membranes and thereby draw off the water to cause contraction of the uterus and separation of the placenta, and this brings on labor. That is the rule which we all use when it is necessary to save the mother's life on account of a deformity of the pelvis or those cases of excessive vomiting where the life of the mother depends on getting rid of the foetus.

DR. HURT.—Mr. President, I am not disposed to controvert the rule laid down by Dr. Barrett and Dr. Scott at all, the fact is I reported this case here simply for the reason that I thought it was an exception to the rule. I am willing to admit that I may have misapprehended the state of my patient entirely, but I think as an evidence of the correctness of my conclusions the fact that the patient gave birth to her child, prematurely will go to prove. I am very well aware that the rupture of the membranes is a provocative of labor or abortion, and one of the strongest provocatives, and for that very reason I told my patient that she would miscarry very soon, but this she didn't do, so I mentioned the fact to two or three of my neighbors and they were a little astonished that it didn't take place. But that a woman must necessarily cast off the fruit of her womb in 48 hours after the membranes have been ruptured, I am not disposed to admit; on the contrary I have reported a case before this society in which I discovered no escape of liquor amnii during the labor, and I reported this as a case in which there was no liquor amnii in the uterus, and I have been laughed at and yet I think I have somewhere in my reading, evidence of the fact from good authority that there are sometimes cases in which at the time of labor there is no water. I attended a lady some three or four years ago. I was requested to see her on account of a very violent diarrhoea, it seemed to be a serious diarrhoea, she became emaciated. After giving her absorbent remedies—chalk and bismuth preparations, and not having succeeded well I gave her aromatic sulphuric acid and the diarrhoea directly stopped, as I supposed. She said the motions of her

child had stopped also. Two weeks later she fell in labor and gave birth to a dead foetus, which must have been dead two weeks. In that case the membranes appeared to be intact, in this case there was not a drop of water escaped, and I was compelled to account for it by supposing that either the lady had mistaken the escape of the waters from her uterus for a diarrhoea or I must suppose that the severe drain from the alimentary canal had brought about an active state of endosmosis and absorption, and the liquor amnii disappeared just as an abdominal ascites would disappear under the stimulus of an active drain upon the system.

SATURDAY, Sept 24th, 1881.

In deference to the death of President Garfield, the Society adjourned without discussion.

SATURDAY Oct. 1st, 1881.

**Report on the International Medical Congress.**

By request of the Society Dr. Rumbold, who was a delegate to the International Medical Congress lately held in London, made the following report, viz.:

DR. RUMBOLD.—From what I saw and heard, I consider that the Medical Congress was a success as far as the advancement of the medical sciences and social good feeling are concerned; I doubt very much, however, if the fees received from the members will pay the enormous outlay attending the tons of printing, the hire of halls and rooms, and the large number of entertainments. But this will only prove that the London physicians were determined that nothing should be spared to make the meeting a pleasant one. It was left for the members themselves to make it a profitable one. No one person can state whether or not it was profitable in proportion to its size. This was questioned by many; the answer cannot be given until we have an opportunity to peruse the vast volumes of its transactions. On August 2nd an informal meeting was held in the great hall of the Royal College of Physicians; but this large room was not able to give standing room to more than two-thirds of the mem-

bers present. On this, the first day, those who were fortunate enough to get inside were also so unfortunate as to receive a hot-air bath, which was the consequence of so large a gathering. This, however, did not prevent us from enjoying the formation of a personal acquaintance with some of the most distinguished men of the world. Among whom was Sir James Paget, a slender man with a square, high forehead. His manners easy and very pleasant but a little reserved. He was afterwards made president of the Congress. It, indeed, would have been very difficult to have selected a more efficient officer, even from so many well known men. Here I also formed the acquaintance of Mr. Wm. Bowman, the inventor of Bowman's probes; Dr. Carpenter, the physiologist, Luther Holden, Prof. Huxley, Sir William Jenner, James Keith, Prof. Lister, Prof. Bourdon Sanders, Sir William Gull, Johnathan Hutchinson, Sir Henry Thompson, Dr. Geo. Johnson, chairman of the subsection on laryngology, Prof. Pasteur and Dr. Fauvelle, of France, Prof. H. Snelling, Prof. Virchow, Prof. Donders of Utrecht, Dr. Faulis of Glasgow, Dr. Touk, Mr. Maudsley, Dr. Dalby, Mr. James Keene, Dr. Duncanson and John Simon. This informal meeting was one of the most important that took place, as at this gathering a better opportunity was given for becoming personally acquainted with many of the most celebrated of living physicians than at any of the subsequent meetings.

The first general meeting of the Congress took place on Wednesday, August 3rd, at ten o'clock A. M. in Saint James' Hall. I arrived there quite early and was fortunate in getting a seat in the first gallery, directly to the left of the president's stand and about five feet above it. I fortunately got engaged in conversation with a Frenchman on my left and a German on my right. Each of us agreed to tell the others the important personages as they entered. In this way I had an excellent opportunity of seeing many whose names are familiar to us. I tried several times to pick out the man after his locality had been given me but I always failed. Of course it was my fault. As the platform began to be filled I began to look upon it for the faces of Americans. About the time of the opening of the Congress I perceived the genial countenance of Fordyce Barker of New York, he was the only representative of this country. I had fully expected to see on the platform some one if not every one of the ex-presidents of the American Med. Associa-

tion that were present, as I saw several of them in the hall; but in this, not only were my expectations unfulfilled, but quite a number of Englishmen as well as Americans were disappointed. After the hall was well filled His Royal Highness the Prince of Wales was conducted on the platform by the honorable secretary William Mc Cormack Esq, who was afterward made Sir William. On the entrance of the Prince the whole audience arose to their feet and saluted him with cheers which lasted for some time. They did not cease nor did any of them take their seats until the prince himself was seated.

Sir William Gull called the meeting to order, at the same time making some quite lengthy remarks which very few heard. Before he finished he nominated Sir James Paget for president, and also the presidents of the principal colleges of England Scotland and Ireland for vice-presidents. This motion was seconded by Prof. Donders of Utrecht, the president of the previous Congress. During Sir Wm. Gull's remarks the crown Prince of Prussia entered the hall and was received with cheers while the members stood on their feet. Prof. Donders in seconding the motion addressed the audience in English. While his words were not always correctly pronounced, the language was that of a scholar. On Sir James Paget's taking the chair he delivered a most excellent address, one that was well received by the whole assembly. At the conclusion of this general meeting, the meetings of the various sections commenced at two o'clock in the afternoon. There were fifteen sections and one subsection. This was for the consideration of the diseases of the throat. I made several unsuccessful efforts to learn the reason for reducing the great speciality of Laryngology to a subsection while to diseases of the teeth was given a full section. This is really remarkable as Americans have been led to believe that, in London especially, dwelt the greatest of laryngologists in the world.

At this immense gathering, as in all of our Medical conventions, the attendance at the section of surgery was far the largest. Among those that I had the good fortune to hear while visiting this section, was a paper read by Lawson Tait Esq. "On the Recent Advances in Abdominal Surgery." It was evident while listening to him that he had made the composition of his article, as well as of his subject, a careful study. The author drew attention to the advances in Abdominal surgery which he

regarded as the out-growth of the success of ovariectomy, and this success he attributed to an increased attention being paid to the hygiene of the patient. In his paper he advocated that non-malignant tumors of the abdomen or pelvis which presented the likelihood of destroying the life of the patient, or by causing suffering, greatly interfere with the functions of life, should be investigated by exploratory incisions. Acting on this idea he opened the abdomen in many cases which have not been usually regarded as within the domain of surgical treatment. Of the cases alluded to, one, was for gall-stone; five, for hydatids of the liver; six, for cysts of the kidneys; one, a splenic abscess; twelve, for pelvic abscess; four, for suppuration of the fallopian tubes; and six, for pregnancy occurring in the fallopian tubes. Of the thirty-six cases, one only died, that being the case of fallopian pregnancy in which the child is still living, the mother at the time of the operation being too much exhausted to expect recovery.

The following rules he thinks should guide all operations. *First.* To operate before the patient is hopelessly exhausted. On this he dwelt for a long time and was quite severe on the so-called conservators of life. *Second.* To open the abdomen carefully in the middle line. *Third.* To take the utmost care that none of the contents of the cavity operated upon should be allowed to enter the peritoneal cavity. *Fourth.* To completely close the peritoneal sac under all circumstances, that being done by uniting the wound with continuous sutures to the wound in the abdominal wall. *Fifth.* Scrupulous attention should be given to the proper insulation of the patient from all poisonous influences. He did not favor the employment of carbolic acid as recommended by Lister. He had found that the details were cumbersome and impracticable and that the patients recovered without them. He thought that the employment of carbolic acid rather impeded recovery than aided it. From the discussion which took place afterward it seems that Listerism is decidedly on the wane. Dr. E. Vincent of Lyons, France read a paper on Laparotomy and Cystorrhaphy in cases of perforating wounds of the bladder. His paper consisted of a history of a series of experiments that he lately performed on animals. From these experiments he arrives at the following conclusions: *First.* That the contact of urine with the peritoneum is not so fatal as is usually supposed. *Second.* That the cut edges of the



bladder should be brought into contact and may be successfully stitched together. *Third.* Whatever the cause of the rupture, the animal was saved if the vesical sutures were immediately applied. *Fourth.* The animal may be saved after a considerable time be allowed to elapse after the injury. *Fifth.* Spontaneous closure of the bladder is exceptional and therefore laparotomy and cystorraphy should be practiced at once.

As far as these conclusions were applicable to the human subject, he concluded that considering the almost invariable mortality which follows wounds of the bladder, laparotomy and cystorraphy should be resorted to immediately. The chances of success diminish in proportion to the length of time that has elapsed since the accident. He advocates the use of antiseptic means during the operation and says it has removed many of the dangers of an operation involving the perineum. He prefers the supra-pubic lithotomy to any of the perineal methods. He retains two operations only for stone: lithotrity if the stone is small and easily broken, and supra-pubic lithotomy if the stone is very large or very hard. This paper was well received.

Dr. Bigelow of Boston read an article on "The Recent Advances in Lithotrity". In his paper he gave the history of lithotrity before 1878 and since that time, stating in what its new features consisted. In this article he describes fully his own method of performing the operation and also describes the instruments. Sir Henry Thompson read an article on "The Recent Advances in the Method of Extracting Stone from the Bladder." In this paper I did not observe anything materially different from that advocated by the paper of Bigelow, with the exception that he advocated the combination of a urethral opening in the peritoneum with the crushing operation in the bladder as an available means of evacuating both debris and urine. Both of these papers called forth quite animated discussions.

Dr. Robert Battey, of Rome, Georgia, read an interesting paper on "Battey's Operation." This paper gives the history of this operation and discusses the question: whether or not there is a field for such an operation. He then gave the indications and methods he pursues in its performance. The paper was well read and attracted very earnest attention from the members of the section. Dr. M. A. Pallen formerly of this



city read an interesting paper on the "Reparative Surgery of the Genital Tracts."

During the discussion of a paper on, "Laceration of the Cervix Uteri, its Causes and Treatment" by Dr. J. H. Bennett. The comments of some members of the St. Louis, Medical Society were given, it being the only medical society in the United States that I heard mentioned while in the Congress. There was quite a number of papers "on the Treatment of Spinal Curvature with special reference to Sayre's method. Dr. Wm. Squire read a paper on "the real position of Røetheln, Rubeola or German measles." In his opinion the disease has but a superficial resemblance to scarlet fever, but has close relations to measles in other points. It is self-protective, is as distinct from measles as varicella is from variola and possesses all the marks of a specific disease. It is a contagious disease and runs a definite course, occurring but once in the same person. Dr. Kasowitz of Vienna and Dr. J. L. Smith read papers on the same subject, the latter concurred with the two previous papers. The author drew his conclusions from the study of a large number of cases, mainly occurring in two epidemics. He says it is a distinct specific disorder. It resembles varicella in the general mildness of its symptoms and the absence of dangerous complications or sequelæ and in the uniformly favorable prognosis while its symptoms and history show the resemblance to measles and scarlet fever. Its incubative period varies from seven, or perhaps fewer, to twenty-one days. He says it requires no treatment. Dr. G. E. Shuttleworth of Lancaster England, made an analysis of thirty-one cases of German measles. He is of the opinion that it has a distinct character of itself and does not afford protection from measles or scarlet fever and that while certain cases have more of the characteristics of measles and others more of the characteristics of scarlatina, yet the points of difference are always well marked. "Syphilis and its Treatment" come in for its share of papers.

Among the first papers that were read in the subsection on diseases of the throat was a paper of Maunal Garcia. In his paper he related the circumstances that led him to invent the laryngoscope. At the conclusion of this interesting paper, I had the honor of reading a synopsis of a paper on "The Spray Producer as the Best Means of making local Applications to the Superior Portion of the Respiratory Tract." The number of

papers that were to be read during the entire session was so great that each author was limited to fifteen minutes, which, of course, prevented the full presentation of many subjects of importance that were laid before the subsection.

As there was not a stenographic reporter in any of the sections each individual who took part in the discussions was required to write out what he had said in discussion after he had concluded his remarks.

Dr. Fauvel of Paris and Prof. Burow of Königsberg each read a paper on the "Indication of Extra or Intra-Laryngeal Treatment of Growths in the Larynx." As one of these papers was read in French and the other in German I did not understand either. Part of the discussions on these papers were in English. In these remarks the case of Mr. Anheuser of St. Louis was mentioned by Dr. Johnson of Chicago and by others. One of the speakers claimed that the extirpation of the larynx in this case evidently did not give the promised relief; but was the cause of so much distress that the patient endeavored to take his own life before he died.

Dr. Morell Mackenzie of London, read a paper on the "Local Treatment of Diphtheria." He advocated comparatively mild measures, recommending ice to be used in the first stage, both internally and applied externally to the neck but contra-indicated when it caused pain or if gangrene were present. He considers the applications of steam to be of great service, that is if the membrane shows a disposition to become separated and when the membrane is situated in the larynx or trachea. He recommends lime-water and lactic acid as the best solvents. These he administers by swabbing or in the form of spray. He considers chloral hydrate as the most certain antiseptic and recommends it to be dissolved in ether as the most serviceable in covering the denuded membrane. He says caustics are always injurious; while astringents are useless and sometimes hurtful. During the discussion of this paper nothing striking or unexpected transpired except the remarks of a German member from Vienna who spoke in the English language. He gave the experience of a friend of his who had treated one-hundred and forty-nine cases and saved one-hundred and forty-four of them. One of the five that died was in a moribund condition when he first saw her. The remaining four were quite young and in a very unfavorable condition of health.

These conditions were all given as reasons for the non-recovery. Now comes the interesting, if not the instructive part of his remarks. The method of treatment that was so successful (?) was to force open the patient's mouth, scrape off the coating of the exudation or diphtheritic membrane and also to scrape off the soft parts below it, how much of the soft parts was to be scraped off was not stated. After this, he applies a very strong solution of nitrate of silver all over the localities that were scraped. I am unwilling to give the strength of the solution that I think he mentioned, as I might be mistaken, but it was heroic. He said that on the next morning it was likely that these same localities would again be covered with the diphtheritic exudation. This was to be again removed as on the previous morning and another coat of the same heroic strength of nitrate of silver applied. He said that it seldom required a third application. It is needless to say that the relation of this method of treatment made but little impression upon the members of the subsection.

Mr. Lennox Browne also contributed a paper on the "Local Treatment of Diphtheria." He gave the preference to lactic acid as a solvent and recommended the use of ice and of beverages containing chlorate of potash. He says that the last remedy acts constitutionally as well as locally. In this paper nothing new was brought forward with the exception of the recommendation that if the tonsils were greatly enlarged, they should be removed during the attack of diphtheria, as a local measure calculated to have the best results. This operation removed an impediment to respiration, and prevented the downward progress of the exudation and, he thought, if early employed might prevent the very dangerous operation of the opening of the trachea. During Dr. Mackenzie's remarks on Brown's paper on the "Removal of the Tonsils" he (Dr. Mackenzie) said that he had performed the operation a number of years ago and thought well of it.

There was quite a number of papers read on various affections of the throat in the German and French languages which prevented me from understanding what was said. Dr. Lefferts, of New York read a paper on the Diseases of the Motor-nerves in the Larynx.

Dr. E. Fournié, of Paris, read, before the Section on the Diseases of the ear, an article on the "Functions of the Eustachi-

an Tube." In this paper he says he agrees with those physiologists who consider that the principal functions of the Eustachian tube are to admit air to the tympanic cavity, so as to preserve the air in the cavity in equilibrium with the air external to it, and to give exit to the secretions formed in that cavity. He also believes that one of the essential functions of the tube is to prevent unpleasant sensations going from the fauces to the middle ear. He believes that the muscles usually considered as the dilators are really obturators of the tube. As this paper was read in French I did not understand it, but learned these points from a friend sitting at my side. Mr. W. B. Dalby, the president of the section, stated that the paper was a very scientific one, correct in all its principles and that it was altogether likely that no one would like to discuss it or dispute its correctness. As soon as he had finished his commendatory remarks, I arose and said that I wished to take exceptions to what I understood had been said by Dr. Fournié and gave my reasons.\*

Mr. A. Gardiner-Brown, surgeon to the London Hospital presented to this section, a method of standard measurement for determining the hearing power of a patient, so that it would make it possible for an aurist in St. Louis to examine a patient, note the hearing power in figures, then for Mr. Brown to examine him several months after, in London and be able to compare the patient's hearing with the hearing in St. Louis. This is done by means of a tuning-fork. He found upon observation that if two persons grasp a vibrating tuning-fork, each with his thumb and finger that its vibrations will cease to be felt by both persons simultaneously. From this "the author conceived the idea, that the point in the listening ampletude of the vibrations corresponding with the moment of their loss to the sense of touch in the thumb and finger of the examiner, would form an excellent and convenient standard of reference for the auditory perceptivity of the patient." For instance, if I should grasp the tuning-fork and hold it over my patient's mastoid cells and he stated that he lost the sound of the vibrations while I still felt them long enough to count one—two—three, each numeral representing a second of time, this would indicate that his hearing was minus three seconds to my sensation of the vibration,

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\* See pp. 59, 146, 211 Vol. XXXVIII. ST. LOUIS MEDICAL AND SURGICAL JOURNAL.

but should he hear it after I ceased to feel it vibrate, this would indicate that his hearing the vibrations was three seconds longer than my feeling them. It is evident that this method would not be a universal standard of measurement of the hearing unless the tuning-fork was of the same length, had the same amount of metal in it and was of the same sound. This exception I tried to take while in the section, but the president informed me that the length of the tuning-fork would make no difference. I still think that Mr. Dalby was wrong.

DR. DICKINSON.—Must the tuning-forks be of the same letter?

DR. RUMBOLD.—Yes sir, I say it must.

DR. DICKINSON.—Is this Dr. Lennox Browne the son of I. Baker Browne?

DR. RUMBOLD.—Yes sir.

On motion of Dr. Hughes the thanks of the society were returned to Dr. Rumbold for his excellent report.

DR. STEVENS.—In connection with the report of Dr. Rumbold, it may perhaps be interesting to hear from members a statement of their impressions in regard to distinguished men of Europe. My visit was made in 1850. At that time there was in Paris a large number of very able and very worthy men, Velpeau seemed to be the great centre, then there were Andral, Cruvelhier, Louis, Gerdy, Trousseau, Roux, Ricord, Civiale, Sichel, Demanes and others. I went there with exalted notions of the greatness or superiority of these individuals as compared with those of our own country. I will not say I was disappointed, but long before the end of my year I learned that great reputation is not always a true test of great talent, worth or capacity. I found these worthies much like the rest of mankind—location, surroundings etc., have in a great proportion of instances as much or more to do in making a name than intrinsic talent or ability. I saw much to condemn and many mistakes, more in diagnosis and gross failures in practice, both in surgery and medicine. On one occasion I saw even the great Velpeau fail to reduce a dislocation of the head of the humerus, fearing, as he said, that if he used greater force, he might rupture the artery. The displacement was of several weeks standing; it was afterwards reduced by Lenoir, another surgeon.

Civiale by his lithotriptic instruments, attempted comminu-

tion of a vesical calculus, and failed, he not being allowed to cut for stone, the case went to another surgeon, who resorted to lithotomy. On introducing the forceps it was plain that the incision was too small, the surgeon, notwithstanding the remonstrances of Civiale who was present, persisted in efforts to extract the stone, and finally by tremendous force he succeeded, but how? By literally tearing the perineal structures, and to the horror and dismay of all present it was found that in consequence of grasping the opposite wall of the bladder, he had everted it; the man died, of course. But, it is in the treatment of ordinary diseases that the American physician especially sees much to criticise and condemn. In pneumonia, the various forms of fever, diarrhoea, dysentery etc., he witnesses daily, inefficiency, to say the least very tantalizing to look upon.

DR. WILLIAMS.—When I was in Europe, in 1866, I had quite an opportunity of noting the mistakes made by great men too. One, I remember very well was made by Sir William Ferguson, who had a case of ovariectomy on the table and cut through the abdomen in the usual way, in the median line, and on getting to the peritoneal cavity he found something lying over in front of the tumor he did not seem to understand, and dug at it several times with the forceps, apparently trying to find out what it was. He finally took his knife and cut through it in order to get down to the sac or cyst. When he cut through it, it bled very freely and before he could stop the blood he had tied some twelve or fifteen arteries that he had cut through; he had cut through the omentum. After tying the arteries he went on, removed the cyst, closed up the cavity and the woman was removed from the operating table. Whatever became of her is more than I know. But to cut through the omentum in order to get at the cyst was a mistake.

While I was in Vienna attending the surgical clinic of Professor Schu's hospital, I saw him do a number of things that were outrageous; more particularly in his method of removing foreign bodies from the ear. Children were frequently brought into his clinic with peas and pebbles or anything of that kind in the ear, and he would take a large iron scoop, pass it down forcibly into the child's ear in which he saw the foreign body and use this scoop as a lever to pry it out from its position in the external ear, of course; this was followed by a stream of

blood. It was a barbarous proceeding as well as destructive to the ear. While in Berlin I saw a similar mistake made by Langenbeck in his attempts to remove from the ear what he supposed to be a little piece of slate pencil, and I must say that what he did was, in my judgement, an outrage. Without ever looking into the ear to discover whether there was a foreign body there or not, he took the mother's statement and went to work to remove it, he never even as much as looked into the ear, but took a large pair of forceps and manœuvred around until he had seized something and then he would pull as hard as he was able, so that when the forceps slipped you could hear it snap clear across the room. Of course, the ear began to bleed very profusely and he finally concluded to cut down into the external meatus to see if he couldn't get into the ear. He made a large incision and passed a large instrument and when he had gotten hold of something, he would pull again. He repeated this operation until the boy—he was some 12 or 14 years old—bled so freely that he became as white as a sheet, and the Professor said he couldn't get it out and took the boy into the hospital, for treatment for the purpose of preventing inflammation of the brain.

#### **Hissing Tinnitus.**

DR. HUGHES.—I would like to ask Dr. Rumbold how many cases of hissing tinnitus he has met with in his practice. I ask this question because one of the papers read at the Medical Congress was upon "Syphilitic affections of the Ear," and my impression is that it was read in the section of diseases of the ear. One of the diagnostic features given by the author of the paper, of hissing tinnitus was that it was an evidence of syphilitic disease.

DR. RUMBOLD.—I could not tell how many cases of "hissing tinnitus". I have had in my practice, I have not had many that I can now remember. The author, Dr. Douglas Hemming informed me that he was going to read a paper on that subject. His views on the subject differ very greatly from mine. I have never associated any peculiar kind of noise in the ear with any special disease. Noises in the ear are so irregular that I think they may be called accidental, they are too irregular to be of use as a means of diagnosis. Some patients tell me the sound is like the striking of iron, or the sound of air going through the



leaves of the trees, or the sound of the sea, or the noise from a sea-shell. I have not been able to associate the hissing sound with syphilis. I think that tinnitus aurium of all kinds is caused by a paralysis agitans of some of the muscles of the middle ear.

DR. DICKINSON.—Mr. President, I have had several cases in which the patients complained of hissing sounds, but I never associated them with syphilis or any other disease especially. With relation to Prof. Langenbeck I had the pleasure to witness several of his operations. It is to be remembered that he is the surgeon of an institution which received contributions from the whole German Empire, that he is employed several hours of each day in performing surgical operation. Among other operations, I witnessed the removal by him of two tumors from the neck which were found to be malignant from which disease the patient afterwards died. This operation was certainly appalling in the extreme, the patient had been chloroformed and had ceased to breathe, and his condition was exceedingly critical, but by means of the ordinary agencies he was resuscitated and the operation completed. Langenbeck was very much embarrassed on this occasion, and if so distinguished a surgeon as he is liable to discomfiture a like affection will be pardonable in those of lesser calibre. The President, (Dr. Stevens in the chair) says he came home with a higher appreciation, of American surgery. I returned with a similar conception and I never saw any one operate with more skill and dexterity than an American surgeon, Henry J. Bigelow of Boston. But the courtesy which surgeons and medical men abroad show to Americans is generally very marked. They usually express themselves as liking Americans very much. On the day I made the acquaintance of Prof. Virchow, he invited me to attend a meeting of an American Society to be held at his house. This I accepted, and had the pleasure of meeting several Americans and Englishmen. The subject under discussion was "Tracheotomy," it was a very interesting meeting. Prof. Virchow also invited me to accompany him to a session of the Medical Society of the city, which I did, and there had the pleasure of meeting Prof. Carl Ritter, and others celebrated in science. In London also I was shown every courtesy that could be desired. European surgeons are equally liable to make mistakes as we are; and I think, as a general rule,



American physicians return from Europe with an exalted idea, of American surgeons and physicians. I am fully convinced that the pride of the profession of this country is now equal to that of Europe.

DR. WILLIAMS.—I didn't wish to criticize Prof. Langenbeck on his general surgery, I criticize that one particular case.

**Cephalic and Spinal Electrization.**

DR. HUGHES.—I may say that I came here to-night intending to make some remarks upon the subject of cephalic and spinal electrization. I have used electricity to such an extent, and have had as I conceive a sufficient amount of experience in affections of the cerebro-spinal system to justify me in deducing certain conclusions as to its therapeutic value. I took occasion some time since to write a paper on this subject which I read before this society, and to-night it is my purpose to speak of a case now under my observation, which I should like any gentleman of the society to see at my house. This case, occurring in an infant one year and three months old, I consider to be an implication of the psycho-motor nerves primarily. It is not a case essentially of paralysis—it is not a case of definitely formed paralysis. There is no difficulty in the performance of the functions of the child—there is no impairment of digestion—there is no evidence of paralysis, on the contrary the difficulty is in making and perfectly executing will movements. There is no chorea, there are none of the characteristic symptoms of any disease which can be categorized with paresis. The value of the constant galvanic current has been so satisfactory in this case that it seems to me it would be of service for every skeptic upon the subject to see it. Of course, like every individual accustomed to using electricity a good deal, I have seen the most satisfactory results in cases apparently of essential paralysis, but in this case I have been more gratified than in any of the others that have fallen under my observation, to see the improvement that has occurred by its application in a young child like that. I applied it over the Rolandic fissure and across each of the cervical plexes to the opposite side and down to the hands, and I saw a perceptible improvement in the coördinating power of the infant under its influence. Take an infant, for instance, that has no difficulty in standing up, has no such lesion of the spine as would interfere with it standing up, but which is unable to grasp

a rattle or if placed in its hand, is unable to coördinate its fingers and retain it, the operation of the constant galvanic current is certainly of great benefit. It has certainly been more instructive to me than the successful results which have followed other cases of marked paralysis. Now there is no doubt about the therapeutic value of the constant current. I don't know much in regard to the induced current, but I think physicians should make use of galvanism to a much greater extent, as Mr. Hughlings Jackson has recommended the use of the ophthalmoscope in practice, so I would recommend not for diagnostic purposes but for remedial purposes, the use of galvanism. While in a town in Missouri this summer a lady consulted me in regard to herself. She was suffering from spinal irritation and nervous debility, and the accompanying diseases in various parts of the system. At one time there was ovarian tenderness, at another time what was called by the gynecologist endo-cervitis and she had passed a wretched existence during the eight or ten years, going from one gynecologist to another. She had a good physician and his treatment was good if he had only added to his remedies the use of galvanism. But the woman had lost confidence in him. I gave her physician the hint. I think physicians should know more about electricity and take care of those patients.

DR. STEVENS.—Did you recommend the use of electricity as a placebo?

DR. HUGHES.—No. I recommended it as a therapeutic agent. There are patients in whom it is advisable to use it as a placebo, in whom it will give benefit. There is no doubt that a depressing mental influence may kill, and a salutary mental influence may cure, but it is among infants where you can get the most satisfactory results, where you have an undoubted therapeutic effect of the agent. There certainly can be no psychological influence to appeal to in the event of its success. Now it sometimes happens that in treating an infant for a paralytic affection that, in this way, we re-awaken along the track of illy-nourished nerves a little increased activity; a little increased appropriating power in the nerve centres that are dormant, or that are insufficiently active, in not taking up their food. It sometimes happens that the use of electricity, in conjunction with arsenic, will aid in this awakening and enable such food to be taken up

as is required in order to set up a process which will ultimate in recovery. That fact is in harmony with the advice so often given to parents who bring children suffering with certain paralytic affections: "that they will outgrow it," and sometimes they do, if the child has sufficient fresh air and plenty of nutritious food. This little child I speak of, has been in the country during the spring and summer, and has been under the best hygienic influence, and has been in the hands of several physicians; the child is improving, and I am confident it will get well. I have seen many cases not exactly similar. Mr. President you will recollect that little child who was paralyzed for several months and made no progress. He suffered intense pain in the spine all the time; this little fellow was in constant misery and after the use of galvanism the child had no more pain in its spine. Another case is the child of Mr. Williams who was treated with beneficial effect, although it is not so marked in that case.

## ARTICLE LXVII.

THIRTY-FIRST ANNUAL MEETING OF THE ILLINOIS STATE MEDICAL SOCIETY HELD IN METHODIST HALL, CHICAGO, ILL., MAY 17, 18 AND 19, 1881. [Reported for the JOURNAL by A. H. OHMANN-DUMESNIL, M. D., of St. Louis.]

[ Concluded. ]

ONE HUNDRED CASES OF RÖTHELN. By DR. ROSWELL PARK, of Chicago.

The first case at the Children's Hospital occurred on April 8, and in five weeks 95 out of 140 had rœtheln. There were more than 100 cases altogether. Only two-thirds of the children exposed were attacked. Most of them had had measles the previous winter or spring. There were no premonitory symptoms. The eruption in 25 per cent, had the appearance of measles; in 10 per cent. the bronchial irritation etc. resembled that of measles.

In three or four cases it had a tendency to become confluent. Others had papules which appeared in the roof of the mouth. In 20 per cent. there was pharyngitis and laryngitis. In some the pulse rate was high, but the temperature did not rise, nausea and vomiting were rare. Four had pneumonia and several had bronchitis or croup. There was a necessity of some caution after convalescence, although the tendency was to recovery.

Medication was advised only when the sympathetic fever was high, the bowels were sluggish or in some other similar condition.

REPORT ON THE LEGAL REGULATION OF THE PRACTICE OF MEDICINE.  
By DR. MILO A. McCLELLAN, of Knoxville.

This paper had only short selections of it read by the Secretary. It gave abstracts of the legal regulations in the practice of medicine in various States, and was an argument in favor of making and enforcing such laws. The various laws enacted in this country in early times were revised, and suggestions made in regard to them, as also the alterations that would be necessary in these days. The paper concluded by recapitulating the work

that has been done in the different States in regard to medical legislation.

INFECTIOUSNESS OF TUBERCULOSIS. By Dr. HENRY GRÆDEL, of Chicago.

The study of this subject is so fascinating that it will pay us to look at the latest discoveries made, and will amply repay the time spent from the satisfaction derived. Villemin's discovery in 1870 was followed by an immense number of observations. The following conclusions were arrived at :

Human tubercle can be successfully inoculated in the lower animals.

Intravenous injection, only, produces general tuberculosis.

The time of incubation is from two to four weeks.

General miliary tubercle does not involve animals much ; ultimately it does.

It presents different aspects in different animals. A tubercle (miliary) nodule is 1-5 m. m., made up of heterogenous tissue, the want of blood vessels accounting for caseous degeneration. Large tubercles are agglomerations of smaller nodules. The last criterion to apply to tubercle is the power to inoculate. By thus experimenting upon animals, we can decide whether in man, there are true tubercles or not, using susceptible animals for testing. The sputa of phthisical patients, as also the pus from local abscesses not previously known as tuberculous, have thus been inoculated. Fungous arthritis has thus been proven to be true tuberculosis of the joint. The caseous lymphatic glands of scrofula present all the anatomical characteristics of tubercle. Here also are we ignorant of how the tuberculosis is localized.

To have full faith in these inoculations, we must inquire if tuberculosis can be caused only by a specific virus, or can it be produced by inoculating with other matter ? In the first place, the animals experimented upon were rabbits and Guinea pigs, which are extremely prone to tuberculosis and hence we must regard them as negative. In dogs non-tuberculous masses never produce tubercle. The disease depends upon the introduction of a specific virus. Kohnheim introduces the matter into the anterior chamber of the eye, where the results can be watched from day to day. If sufficient tuberculous matter be introduced,

it will never fail. If non-tuberculous, it may cause the destruction of the eye, but it does not produce tubercle. Eruptions of tubercles in the iris have been observed, in Guinea pigs seven days and in rabbits, in twenty to thirty days after inoculation. They grow in great quantities and finally destroy the eye. If the animal survives this, the internal viscera become infected. The author concluded that all these points proved sufficiently well that tubercle is infectious and as well proven as that of syphilis or variola.

Infection probably occurs through the respiratory passages. Tuberculosis generally occurs at the point of infection, and in man, it is the lungs where it generally begins; but it begins at other points also, as in mesenteric tuberculosis, etc. A spray of emulsions of tuberculous masses may cause tuberculosis by inhalation. Caution must be observed in the interpretation of experiments, as conflicting accounts are given by different experimenters.

There is a definite species of bacteria, characteristic of tubercle. Proofs, the most convincing in character, go to show that tubercle is caused by inoculation with the granules and rods (micrococci). Further confirmation is still required from authors who are not germ enthusiasts.

Why does tuberculosis remain localized in some cases and not in others? This is a question very difficult to determine. The author here again quoted a number of authors, somewhat explanatory of this question and showing that there is a school claiming a traumatic origin for tubercle.

#### DISCUSSION.

DR. E. F. INGALLS, Chicago.—To me it is probable, I may say certain, that phthisis is sometimes infectious, but whether it is necessary for a specific poison to be inhaled or inoculated seems to me, decidedly uncertain. Good pathologists say that it is, and others as good say that it is not. As to us, we must sit on the outside and watch them, and ten years hence we will, perhaps, find neither correct.

THE USE AND ABUSE OF ALCOHOL. By DR. J. T. CURTIS, of Otterville.

An abstract of this paper was read by Dr. E. Ingalls. The author began his paper by a quotation from Dr. Richardson.

His own experiments demonstrated that  $\text{Ziv}$  daily increased the heat 13 per cent. He stated that its influence on the heart's action was full, and in some pulse tracings, the lines were the same as in the exhaustion of typhus.

N. S. Davis, John Davis, were quoted. Jewett says alcohol is an irritant, narcotic poison. Watson maintains that it has an elective affinity for the brain and nervous system. The author gave numerous quotations from different authors to show that alcohol had a deleterious effect upon the human economy.

THE USE AND ABUSE OF ALCOHOL IN HEALTH AND DISEASE. By  
DR. E. INGALLS, of Chicago.

I will attempt no elaborate investigation, but will enter into it by means of general considerations. Scientific investigations have led some to say that alcohol is sedative and not stimulant, and this I cannot believe as it has so often acted in collapse.

Subjective experience shows that in large doses it is sedative narcotic and poisonous. In such doses it is pernicious. Its medical power is diminished by prolonged use. It is truly a curse, when improperly applied, and man should be enlightened to use and not abuse of this powerful agent. In many cases, it is a restorative agent of much value, especially to patients not addicted to its use when in health. We give arsenic, but do not recommend its habitual use; so with alcohol. The demand for some form of stimulant is deeply implanted in the human organism, and the capacity to tolerate stimulants is a fair measure of the nerve force. Grant, when hard-pressed in battle, did not inquire if any reinforcements had come, but if the steamer had brought any cigars.

The intemperate use of alcohol generally causes the moral and physical wreck of its victim, and the vice is often transmitted to an innocent and afflicted posterity. The author advocated a non-committal action of the profession upon the question; but, at the same time, to give an example of abstinence, as the best method of stopping the abuse of alcoholic stimuli.

THIRD DAY.—Thursday, May 19, 1881.

MORNING SESSION.

REPORT ON CHIAN TURPENTINE. By DR. E. A. ANDREWS, of Chicago.

About a year ago Mr. Clay, of England, spoke of the cure of cancer by means of Chian or Cyprus turpentine in emulsion with flowers of sulphur. This created a large demand, and the price went up suddenly. The London Cancer Hospital pronounced it a failure. The medical societies denounced the treatment.

In Chicago, it was difficult to obtain the genuine article, and the total amount ever brought to the city was less than fifteen pounds. Chian turpentine does not come from a coniferous tree, but from one allied to sumac. It produces a turpentine of a peculiar odor strongly resembling that of mastic. Chian turpentine, not being produced in great quantities, and not being known to have any great qualities, was little sought for, and on that account, it became very dear. The result was that there was great difficulty in obtaining it in Chicago; and with the exception of small lots privately imported, all the samples were fraudulent, until eight weeks ago, Schieffelin got an article which is probably genuine Chian turpentine. Barrels of the imitation have been sold.

As gum mastic is allied and from the same species of plant, it has been used in experiments. From *a priori* reasoning I would not expect it to be of any good; but Clay's high authority made it proper to try it. It was tried upon one hundred persons, but as many underwent operations, I cannot say whether any success was due to the operation or to the turpentine. These I have thrown out. Again many returned home, or disappeared from view.

CASE I.—Cancer of the cervix, diagnosed without the microscope, by several physicians, who were competent men. The tumor was hard, hemorrhagic and ulcerated, in size equal to half a hen's egg. Gave the turpentine with sulphur in emulsion; in three months it had disappeared.

CASE II.—Villous cancer of the rectum. The tumor was hemorrhagic and distinctly to be felt. Astringent injections and turpentine, without the sulphur, were given. The hemorrhages completely ceased. No trace of the tumor is remaining, the cure being complete. In this case the turpentine was fraudulent.



CASE III.—Epithelioma of the lip. Took sulphur in large doses without turpentine of any kind. In three months, the tumor had abated and the tumor was smaller. The patient refused further treatment.

CASE IV.—Cancer of the uterus. This tumor was at the cervix, and excised once, but it returned, the patient being exhausted. Mastic and sulphur gave some relief from pain and other symptoms temporarily, but increased the hemorrhagic tendency. She died of exhaustion.

CASE V.—Soft sarcoma of the thigh (not examined microscopically), infectious and malignant. The whole skin of the body was studded with secondary tumors, and the mucous membrane of the alimentary canal also. The patient came in an exhausted condition with a tumor forty inches in circumference. Sulphur and mastic were given in large doses. The tumor sloughed off a stratum one and a half inches thick, in a few days. Hemorrhage from the bowels set in, which it took some trouble to suppress. The patient died from exhaustion, hastened by the bleeding and the mortification on the surface of the tumor.

CASE VI.—Tumors (not examined microscopically) which existed several years in the breasts without implicating any of the axillary glands. Soft medullary cancer of both breasts, removed once or twice and recurred. The patient was discouraged with operations. Got some genuine Chian turpentine and gave it with sulphur. The patient took it irregularly for two months. During the first ten days, one tumor remained stationary and the other got  $\frac{1}{2}$  inch less. After that, they enlarged somewhat.

CASE VII.—Carcinoma of rectum and liver, the latter of greater size, extending two inches below the edges of the ribs and all across the abdomen. The patient much emaciated and exhausted. Gave the advice of trying mastic and sulphur. The doctor in attendance, stated that the liver in two weeks, grew smaller, there being one and a half inches reduction. There was persistent obstinate vomiting for ten days and the patient died.

CASE VIII. Cancer of the breast, amputated and two glands in the axilla removed. Genuine turpentine and sulphur were administered, and for two months all went well. For two weeks

after, none was given, and small tumors appeared and excised, and no recurrence of them noted.

CASE IX.—Carcinoma of the lip and cheek, excised repeatedly, and removed during eleven years; was slow in growth. Mastic and sulphur ordered and taken for several months. Hemorrhage from the bowels occurred. The tumor was cut out and the mastic and sulphur given, to prevent any recurrence. It did return, but the patient said, much slower than previously. The medicine was a failure, and I doubt if it retarded the return.

The worst cases of seemingly total failure were:

CASE X.—Carcinoma of rectum and liver. It grew so large as to stop up the bowel. Lumbar colotomy was performed and mastic and sulphur emulsion given. The patient ultimately died.

CASE XI.—Carcinoma of the breast and axilla. The breast was amputated and the axilla cleared out. Mastic and sulphur and Fowler's solution were given. In less than a year it returned, and the patient died from the effects of a second operation.

CASE XII.—Encephaloid carcinoma of the antrum. This was not thoroughly extirpated. Genuine Chian turpentine and sulphur were given for four months. It was a total failure.

CASE XIII.—A hard, slow scirrhus of the breast and axilla. Chian turpentine and sulphur given. The patient thought that there was a diminution in size but I could not see it. A little later on, the pain came on again, and after two months she refused to take the medicine. She took fluid ext. red clover, claiming for it the cessation of pain, but the tumor did not diminish but rather grew larger.

Of the above experiments, only a few were made with genuine Chian turpentine.

Results.—Two cases got well, but no microscopical examinations were made; one was benefitted by sulphur alone; five improved partially, but were not cured; five were total failures.

What are the conclusions to be drawn? I am not in a good situation to draw any, not having had much of the genuine article to experiment with. There is no hope left that it is a remedy for the cure of cancer. There is no doubt that the turpentine and sulphur benefit, in some cases; and it may have enough value to justify its use. The results, however, up to this time, have been uncertain and not decisive enough.

The dose of the turpentine is grs. viij with sulphur grs. vj

made into an emulsion and taken three times a day. I have given ten grains of each and added a little opium in cases where the sulphur acted upon the bowels.

**THE REMOVAL OF HAIRS BY ELECTROLYSIS. By DR. PLINY S. HAYES, of Chicago.**

As long as the daughters of Eve vie with each other in beauty, will they try to remove hair from the face. There have been various depilatories introduced, but they rather increase the growth of hair.

Of the methods that have been proposed so far, none is to be compared to electrolysis, which was first used by ophthalmologists, Dr. Michel, of St. Louis having introduced it in 1875. Piffard, Hardaway and Geo. H. Fox recommend its use. The apparatus needed is a suitable galvanic battery of from five to ten zinc and carbon cells, a fine cambric needle, a holder and forceps. The stronger the force of the current, the more rapid is the electrolytic action and the greater the pain. The negative pole is connected with the needle, the distal end of which is that containing the eye. The object is to reach the hair follicle and destroy it, and for this we want as broad a surface on the electrode as possible. The positive electrode is held on the same side. If the patient becomes unpleasantly affected, place a moist sponge near the hair.

The hair is seized with forceps and slight traction made, the eye of the needle being gradually insinuated and carried near the papilla, if possible. The circuit is closed. After the electrolysis has been going on 15 to 30 seconds, slight traction (half an ounce) is exercised on the hair and if it comes out, we know that the papilla is destroyed and no hair will reappear. If the hair still remains firm, continue for some time longer and it will come away. If there are many hairs in close proximity, remove the hairs next to the ones first taken out and so on as there is a slight area of anæsthesia in this. The follicle heals in a few days, leaving the skin smooth. If this method be applied to a mole or nævus, the tumor will also disappear. Some advocate removing the hair first, whereby they lose the best indication of the success of their operation.

The papilla occasionally escapes destruction and a second electrolysis will destroy it completely. The hairs that return are less than 5 per cent. of those destroyed.

Electrolysis is superior to other methods of depilation because :

1. It is limited to a minute point.
2. You can destroy rapidly or slowly.
3. You can arrest the process at any instant.
4. The most severe pain is at the time of operating.
5. You can know to an almost certainty, whether you have destroyed the papilla or not.

ON THE SURGICAL ANATOMY OF THE SHEATHS OF THE PALMAR TENDONS. By DR. ROSWELL PARK, of Chicago.

There is no English text-book that takes up this subject thoroughly. Gray makes no mention of it, Quain dismisses it in two lines, and neither Wilson, nor any of the ordinary reference works give any satisfactory explanation. The works in surgery are equally barren. McDougall has given in Todd & Bowman's *Cyclopedia of Anatomy and Physiology*, a very excellent description. The best description from a surgical standpoint, is given by Gosselin in his "Clinical Lectures."

The palmar aponeurosis and fascia is an extension from that of the forearm; it furnishes sheaths to those tendons which do not pass under the annular ligament, and to the vessels. The anterior annular ligament is an exceedingly tough band stretched from the pisiform bones on one side to the scaphoid and trapezium on the other; with the concavity of the carpal osseous arch it forms an elliptical ring, the *carpal ring*. To the central portion of this ligament is attached the palmar fascia, largely derived from the extension of the tendon of the palmaris longus. This fascia divides into four bands, each of which is halved to be attached on either side of each bone of the proximal extremity of the first phalanx. Each portion of the fascia here is reinforced by transverse fibres, thus making an arch, through which passes the flexor tendon. This fascia overlies the superficial palmar arch, the flexor tendon, the median and ulnar nerves being separated by loose connective tissue. Numerous apertures are found in the fascia, and when the parts beneath are swollen, deep fat and cellular tissue may protrude. This fascia gives off two sets of processes; the superficial envelops the thenar muscles on one side, and the hypothenar on the other; the deep dives into the

palm to form the interosseous ligaments. The sheaths of the flexor tendons of the fingers are osseo-aponeurotic canals. Opposite the articulations they are thin to permit flexion, or they may be wanting, so that the synovial sacs of the tendons are in contact with tegumentary structure. Finally these sheaths are blended with and lost in the pulp, and periosteum at the tips of the fingers.

In the *carpal ring* we find a more closely packed aggregation of tendons than anywhere else in the body, there being no less than nine tendons passing through it, besides others outside, and in close contact. In a great majority of cases the arrangement is this: there is a synovial bursa in the palm of the hand common to all the tendons, which has two lateral digital prolongations along the flexor tendons of the thumb and little fingers. It overlies the periosteum of the metacarpal bones in the palm in front of the carpus on the synovial membrane of the carpal articulation. It extends far enough up on the fore-arm to permit free play of the tendons, and is lost in the inter-muscular fascia: its prolongations sustain the same relations to the synovial membranes of the metacarpo-phalangeal and phalangeal articulations lying upon them. This is the *usual* arrangement; it may, however, vary.

The full import of these relations can now be comprehended from a surgical standpoint. For instance, a patient suffers from an inflammation, traumatic, or other involving the little finger; soon the palm swells, and, though the other fingers may be sore and stiff, the thumb seems to sympathize most. And if this trouble extends, it will be up the forearm rather than down the other fingers. Other cases were cited.

A diffuse phlegmonous process may in twenty-four hours travel from the palm to the elbow, and the patient's life may be put to hazard.

The author concluded his paper by giving the method of roman treatment, where the sheaths of the palmar tendons are involved, advocating free incisions as soon as suppuration, phlegmonous or erysipelatous inflammation is recognized. If adhesions have contracted the sheaths, well directed but gentle *massage* will often effect improvement.

**LISTERISM.** By DR. TRUESDALE, of Rock Island.

The antiseptic method of treating wounds, proposed by

Lister, has obtained the favorable recognition of all the civilized world. Current medical literature teems with the details of the successes achieved by the aid of this method. Nevertheless, the query arises, "Is the theory, upon which it is based, correct?" Are the beneficial results due to its action as a germicide? It has so taken the profession by storm and has been so universally accepted, that any one, calling this method into question, has not had the courage to put himself on record as opposed to it. The only literature that I have seen trying to do this is an article on "Thorough Drainage," in the *American Journal of Medical Sciences*, Oct. 1880, by Prof. Marco, and it is the only true suggestion of another theory by which the action of carbolic acid may be explained. The theory is, that carbolic acid has the power of preventing or limiting the development of inflammation, in the tissues where it is employed. On reading this I was impressed with the force of the suggestion and also confirmed by clinical facts. I embraced every opportunity to observe the total therapeutic action of carbolic acid. I believe that it prevents, modifies, and controls inflammation; and for those purposes, it is superior to any other agent in use. It is manifestly of the greatest benefit in inflammations, where topics are at all appropriate and is just as thorough in its action in a wound exposed every day as in one that is sealed up.

No antiseptic yet tried, has answered the same purpose as carbolic acid. We would expect that other remedies, of the same class, would produce the same effects, if these latter depended entirely on antiseptic properties. From this there can be no doubt that carbolic acid possesses other powers besides being antiseptic. The following theory is formulated as the only one in harmony with all the phenomena observed. Carbolic acid acts as a powerful direct stimulus to the vasomotor nerve fibres, causing a contraction of the arterioles and diminishing the normal quantity of blood sent to a part. It hardens the white blood corpuscles, preventing their proliferation. In short, it produces a greater or less suspension of physiological action.

This theory is based on numerous clinical facts. If a moderately strong solution be applied to a part denuded of epithelium or cuticle, it becomes white or blanched, and there is a loss of sensation. The first effect is due to a contraction of the coats of the vessels, producing anæmia which, the more complete it is, so much the greater is the anæsthesia. This action arrests

the process of repair—stops the formation of plastic material. When applied to parts protected by cuticle, if the solution be strong, it destroys the tissues to a great depth, without causing pain.

CASE I.—A patient with the ends of the fingers frozen; very painful. Advised by a non-professional person to use carbolic acid. Used the crude and strong article, and continued it several days. The ends of the fingers turned black and mummified. In this case, it was carried to an extreme point, and there was no pain, at any time.

CASE II.—A few months since, a patient had both legs, up to the knees, crushed and mangled, being run over by a railroad car. A double amputation was deemed necessary; one leg was taken off and the operation on the other deferred. The latter was almost entirely stripped of integument, the muscles torn and mangled and, of course, painful in the extreme. Was uncertain as to how long it would be safe to remove it. It was completely enveloped in a three per cent. solution of carbolic acid and over all a roller saturated in the same. In less than an hour all pain had disappeared. I removed the leg 36 hours later; the reaction was perfect and decided. After the amputation, the roller and cloths were removed from the leg. It was slightly blanched but, seemingly, no change had taken place. The carbolic acid had been hæmostatic, antiseptic, antiphlogistic, and anæsthetic. The limb could have been kept so one or two days longer, and with a stronger solution many more days.

In regard to its anæsthetic action, I have experimented in all forms of local inflammation of the mucous membrane—diphtheria, membranous croup, conjunctivitis, endometritis, vaginitis, urethritis, etc. As a local antiphlogistic in erysipelas, orchitis, etc. I have recently tried it in scarlet fever and found that, in this affection, a frequent sponge-bath of a two or three per cent. solution acts as a powerful sedative; and, if pushed to the eruptive stage, it prevents desquamation; and if to the external ear, it prevents its suppuration.

Carbolic acid has not obtained its reputation as an antiphlogistic or for the purposes I have indicated; but as a germicide, in the hands of surgeons. Yet the greater the degree of inflammation the greater is the suppuration, and thus the greater is the amount of septicæmia, and may it not be assumed that the antiphlogistic theory is the true one on which to base the use of



carbolic acid in surgical practice? It is more in harmony with clinical facts and phenomena. In regard to its uses, they are yet to be learned.

The effects are varied by numerous circumstances; the strength, mode of application, nature of tissue, whether used temporarily or not and many other conditions become factors in determining its methods of use.

By some, the spray has been called into question. That this method has been abused and resulted in injury, in many cases, I do not doubt. The abuse comes from a false theory. Fresh wounds, from a knife, are not maternally benefitted. The use of the spray in ovariectomy is very appropriate. [The special power of carbolic acid in preventing inflammation was shown by a number of cases in the author's practice.]

CASE III.—Mrs. W. treated two months. Uterine fibroid suppurating and disintegrating. Removed dressings daily and washed out with carbolized water. This did not improve the smell. Then tried Labarack's solution, potassium permanganate, bromo-chloralum, etc., which produced chills, pain, etc., in a few days. These disappeared when the carbolic acid injections were resumed.

CASE IV.—Mrs. C. severely burnt and extensively, by having her clothes catch on fire. The loss of integument was equal to one-fourth the surface of the body. The suppuration and sloughing were great. She lived 14 days and died of tetanus. No symptoms of septic poisoning ever showed themselves.

CASE V.—C. M. had traumatic inflammation of the upper third of the tibia. The head of the tibia was incised, exposing the bone which was found separated from the periosteum and semi-necrosed; a portion of the upper part was removed. A large, open, excavated hole was left and not closed, but washed out and filled with lint saturated with carbolic acid solution. At the end of 48 hours, the dressings were removed, and then applied once a day, freely exposing the wound to the air. The progress of repair progressed rapidly.

All wounds in which the tissues are undergoing disintegration, should be opened and washed out daily.

The dressing must be such as to allow the removal of the products of suppuration, as soon as formed. If these rules are adhered to septic poisoning will not take place, especially if the second rule be strictly observed.



## DISCUSSION.

DR. J. P. JOHNSON, of Peoria.—Before I heard of carbolic acid as a medicine, my attention was called to phenol sodique. I procured some and found that it answered well in controlling local inflammation, and I was well satisfied with it. After that, I procured the acid and found that it answered the same purpose, preventing suppuration and promoting healing by first intention.

The doctor cited cases in which he had used it. In ophthalmic practice he used it quite extensively and also in gynecological cases. Iodine with it was very good in uterine cases. In regard to its antiseptic properties, he was a firm believer in Listerism. That it is an antiseptic, I am well satisfied from a specimen in my office. I removed a gliomatous eye and have had it a year and it is in good preservation. If carbolic acid prevents decomposition in dead tissues, it will prevent suppuration or bacterial poisoning in wounds.

DR. TRUESDALE, of Rock Island.—The point I wish to make, in my paper, is that the important benefits are due mainly to the antiphlogistic and not to the antiseptic powers of carbolic acid. I admit that it is antiseptic. But why is it that as good antiseptics do not produce the same results? Iodine, in its physiological effects, is almost the same as the acid only differing in degree. Iodine is a vaso-motor stimulant and cuts off, diminishes or changes the nutrition of the tissues to which it is applied. Such, for instance, are its effects when applied to a large, indurated os uteri. We ought to use a therapeutic agent in accordance with a correct theory, in order to apply it successfully.

ARTICLE LXVIII.

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SEVENTH ANNUAL MEETING OF THE TRI-STATE MEDICAL SOCIETY OF ILLINOIS, INDIANA AND KENTUCKY, HELD AT THE LINDELL HOTEL, ST. LOUIS, OCT. 25, 26 AND 27, 1881.

## FIRST DAY, Oct. 25.—MORNING SESSION.

The meeting was called to order by the president, Dr. A. M. Owen, of Evansville, Ind. Dr. H. C. Fairbrother, of East St. Louis, Ill., Chairman of the Committee of Arrangements, made a report and was followed by Dr. Wm. Porter, of St. Louis, Chairman of the Committee on Programme.

The President next made his Annual Address, and was followed by Dr. T. B. Washburn, of Hillsboro, Ill., who read a paper on "Medical Orthodoxy." Dr. John Rauch, of Chicago, discussed the paper.

## AFTERNOON SESSION.

Dr. Beard, of Vincennes, Ind., continued the discussion of Dr. Washburn's paper. Dr. D. S. Booth, of Sparta, Ill., then read a paper on "Scarlatina," and was followed by Dr. W. J. Chennoworth, of Decatur, Ill., who presented a paper on "Diphtheria." These papers were discussed by Drs. Wm. Porter, H. B. Buck, of Springfield, Ill., Lester, of Indiana, Reber, of Shelbyville, Ill., Chennoworth and Booth.

Dr. Wm. Ferrell, of Centreville, Ill., recited some "Practical Observations in Typhoid Fever." This was discussed by Drs. Beard, Hughes, of St. Louis, Reber, of Shelbyville, Ill., Ferrell and others.

Dr. J. G. Carpenter, of Crab Orchard Springs, Ky., read a volunteer-paper on a "Case of Traumatic Tetanus."

## EVENING SESSION.

Dr. Wm. Dickenson, of St. Louis, read a paper on "Certain Intra-Ocular Affections," and was followed by Dr. Chas. Reber, of Shelbyville, Ill., on "Human Temperature, Normal and Abnormal." Dr. Geo. F. Center, of Evansville, Ind., read a vol-

unteer paper on the "Autopsy of the President," which was discussed by Drs. Hodgen, Ford; of St. Louis, and Booth, of Sparta, Ill.

Dr. Wm. Byrd, of Quincy, Ill., read a volunteer paper on "Lumbar Colotomy," and the discussion of the Social evil question was then taken up.

#### SECOND DAY, Oct. 26.—MORNING SESSION.

The first paper was on the "Use and Abuse of Splints, in Fractures about the Elbow," by Dr. Heber Roberts, of Carbonale, Ill. The following participated in the discussion of this paper: Drs. D. Prince, of Jacksonville, Ill., Byrd, of Quincy, Ill., Fairbrother, of East St. Louis, Ill., and Roberts.

Dr. Edw. Borck, of St. Louis, next made an address on the "Treatment of Fractures of the Radius with the Rubber Bandage." After some discussion on this subject, Dr. David Prince, of Jacksonville, Ill., read a paper on the "Treatment of Extrophy of the Bladder." Dr. J. Link, of Terre Haute, Ind., read a paper on "Re-formation of Bone," the discussion of which was deferred till the afternoon session.

Dr. W. S. Ross then read a paper on "Prevention of Vesical Calculus."

#### AFTERNOON SESSION

Dr. J. A. Ireland, Louisville, Ky., made an address on "Puerperal Fever," which elicited much discussion. Drs. Moore, Bauer and Schenk, of St. Louis, making extensive remarks.

A committee to report on the subject discussed was appointed, and consists of Drs. Ireland, Schenk, Maughs and Dr. Bauer who was also made chairman of a committee to report on Septics and Antiseptics, and composed of Drs. Ferrell, of Centerville, Ill., Harris, of Vincennes, Ind., and Holloway, of Louisville, Ky.

Dr. Link's paper was then discussed by Drs. Boyd, Bauer, D. Prince, Mudd, Ferrell, Booth and Link.

The thanks of the Society were returned for the invitation extended to attend the promenade concert given at the Chamber of Commerce, in honor of the Mississippi River Improvement Convention.

Dr. Link described his method of amputation, which was considerably discussed.

## EVENING SESSION.

Dr. A. E. Prince of Jacksonville, Ill., read a paper on "Associated Movements of the Eyes, and Prismatic Glasses," and was followed by Dr. John Green, of St. Louis, who gave demonstrations of some visual anomalies.

The Committee on Nominations made the following report, which was accepted.

*President.*—Dr. J. M. Holloway, of Louisville Ky.

*Vice-Presidents.*—Dr. Arch. Dixon, of Henderson, Ky.

Dr. T. D. Washburn, of Hillsboro, Ill.

Dr. J. C. Beaver, of Vincennes, Ind.

Dr. S. Williams, of Cincinnati, O.

Dr. Edw. Borek, of St. Louis.

*Secretary.*—Dr. G. W. Burton, of Mitchell, Ind.

*Treasurer.*—Dr. F. W. Beard, of Vincennes, Ind.

The next meeting place to be Terre Haute, Ind., and the time, Sept., 1882, Dr. Link, of Terre Haute, being Chairman of the Committee of Arrangements.

## THIRD DAY, Oct. 27.—MORNING SESSION.

The opening paper was by Dr. Griffiths, of Springfield, Ill, on "Headache—Cause and Cure." Drs. Ferrell, Hughes, Reber and Booth, discussed this at some length, and then Dr. Arch. Dixon, of Henderson, Ky., reported the case of Dr. Cook, who had sclerosis of the cord. After some discussion, Dr. Hughes read a paper on "Insanity in Relation to Law, with Some Reflections on the Case of Guiteau."

"Reflex Contraction of the Corpora Cavernosa," was read by Dr. Jno. T. Hodgen, which was discussed by Drs. Ford and Bernays, of St. Louis.

Dr. A. D. Williams, of St. Louis, read a short paper on "Congenital Ptosis," and Dr. W. Hutson Ford, of St. Louis, read some notes, on a "Case of Prostatic Abscesses."

## AFTERNOON SESSION.

Dr. E. Walker, of Evansville, Ind., read a paper on the "Applications of Static Electricity."

Dr. Coles, of St. Louis, then gave a description of a remarkable case of ovarian tumor. Dr. H. Wardner, of Anna, Ill., read

a paper on the "Care of the Insane," which was discussed by Drs. Hughes, Stevens, and Johnston, of St. Louis, Dr. Prince, of Jacksonville, Ill. and others.

Dr. T. F. Prewitt, of St. Louis, presented a pathological specimen—cancer of the kidney, from a four year old child.

The usual number of resolutions, thanking the rail-road companies, hotel proprietors, daily newspapers, the outgoing president, etc. were made, and the Society adjourned to meet at Terre Haute, Ind., in Sept., 1882.

## Periscope.

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### ARTICLE LXIX.

**ABSCCESS OF THE TIBIA—TREPANATION—CURE.**—Dr. Heurtaux of Nantes (*Revue de Therapeutique*, 1881, p. 291), gives the case of a woman 43 years of age, enjoying good general health, without scrofulous or syphilitic history, who received a blow on the crest of the left tibia. She felt severe pain at the moment in the bruised spot, and this augmented week by week until her entry into the hospital. On examination there was neither redness nor swelling, but the patient complained greatly of pains, much worse at night, the limb extremely sensitive to the touch, and the pain aggravation by pressure. The general condition remained good. There was, however, a sudden aggravation of the local symptoms,—redness, increase of pain, swelling, extending to the whole limb, including the foot; no fluctuation; insomnia, loss of appetite, pulse 100 to 102. Dr. Heurtaux, having diagnosticated osteo-myelitis of the tibia, performed the following operation. The soft parts were incised to the extent of six or seven centimetres; the periosteum was incised in its turn and then turned back to the right and left; there was no pus found underneath, but the bony surface was roughened. A trophine was applied at the point where the maximum of pain was felt, and a small quantity of phlegmonous pus escaped.

Some days later an abscess formed in the soft parts, which healed rapidly after a single incision. Afterwards new signs of osteo-myelitis of the lower portion of the leg appeared. A second operation, similar to the first, was practised at this point, the results of which were not less happy. The patient was entirely cured.—[*Phil. Med. Times*.

**NEW TREATMENT FOR FISSURE IN ANO.** —Dr. Aguilar (*Giornale Int. delle Scien. Med.*, 1880, Fasc. 8; From *Siglo Med.*), after having spoken of the frequency of this malady and the established methods of treatment, says that there are two elements in it to combat,—the constipation which accompanies and precedes it,

and the lesions belonging to it. The former is overcome by podophyllin in doses of five centigrammes taken at night, and emollient and narcotic hip-baths, which relax the muscular fibres of the sphincter and calm the erethism. On the second day of treatment the whole anal orifice, as far as the internal sphincter, is painted, by means of a small feather, with a mixture of one hundred grammes of alcohol and forty-five of chloroform. This operation is repeated twice a day, morning and evening, preceded by a hip-bath. Pain during the application is quite severe, though by no means so great as in other procedures. The history of four cases successfully treated by the above method is appended.—*[Ibid.]*

**THYROIDECTOMY.**—Last year Dr. Tillaux reported to the Academy of Medicine a remarkable observation concerning a thyroidectomy made by him at the hospital Beaujon.

He relieved a young woman affected with an enormous goitre which continued to grow and which finally threatened the life of the patient. In fact, the tumor was accompanied by accidents of the gravest nature, and a suddenly fatal termination was feared from the frequent attacks of suffocation. Furthermore, it was observed in the case of this woman that phenomena existed analogous to those which the disease of Basedow presents. She was affected by a considerable exophthalmia, and, on the part of the heart, serious troubles occurred to complete the group of symptoms, classically designated by the name of exophthalmic goitre.

A difficult operation and happily executed, the removal of the tumor and of the thyroid body, saved the threatened life of the patient and caused all the cardiac, ocular and respiratory symptoms to disappear.

In several weeks, in spite of secondary hemorrhage of some importance, the patient was completely cured and able to resume the ordinary duties of life.

The skillful and bold surgeon of the hospital Beaujon has recently performed a new operation which is the companion of the first. He relieved this time a man thirty years of age, affected likewise with an enormous tumor of the neck in manifest relation with the thyroid body, and accompanied as in the first case by, accidents of the most threatening character. This time also, the complications of suffocation and dysphagia, the patient presented the triad of symptoms which constitute exophthalmic goitre.

As the progress of the tumor was unchecked, as all medication had failed, and as the operation was requested with much solicitation, M. Tillaux encouraged by his success of last year, resolved to interfere.

On the 17th of May everything was ready for the operation. The patient was brought into the room where he was to suffer, and the anæsthetic administered; but the gravest symptom occurred and the administration of the chloroform was interrupted before the operation was commenced.

In the face of this complication the surgeon did not consider it proper to take alone the responsibility of an interference which announced itself under such grave auspices, and he demanded counsel from his colleagues of the Society of Surgery. The opinions were divided. M M. Verneuil and Duplay advised its abandonment, on account of the operative difficulties and dangers in the belief that the operation would be unsuccessful on account of the vascular nature of the tumor. On the other hand, M M. Labbe and Perrin were of the opinion that its extirpation might be attempted as a last chance, and this was the opinion that M. Tillaux adopted.

The result likewise fully justified this choice, for the operation, conducted with greatest skill was performed on the 21st of May, without serious complications. Following the advice of M. Trélat, M. Tillaux had placed the patient under the combined influence of morphia and chloral, but the effect of this practice was almost null; the patient was conscious and sensible throughout the operation, which he likewise bore with the greatest patience and the greatest courage. He was, he said, sustained in his firmness by a very remarkable phenomenon. As the extirpation advanced and when the tumor left his neck, he felt his oppression and restraint diminish and a great feeling of strength to return. The exophthalmia diminished considerably when the operation was accomplished.

The cardiac and respiratory symptoms disappeared, cicatrization progressed so rapidly that in six days the wound was completely united. Unfortunately an intercurrent erysipelas intervened to retard the completion of the work of repair; nevertheless the patient completely recovered and returned home. The microscopical examination of the tumor demonstrated its sarcomatous nature. Hence, are feared the accidents of general infection so common to these tumors. In fact, about a month later,



pulmonary symptoms appeared, and the unfortunate man died several days afterwards in consequence of this general infection — [*La Tribune Médicale.*—*Lancet and Clinic.*

DO THE AURICLES CONTRACT ?—Dr. G. A. Harman, of Lancaster, Ohio, holds the opinion (*Med. Record*) that the auricles of the heart do not actively contract. He bases this view upon the anatomical reasons, that their walls have very little, muscular fibre, being composed chiefly of serous and fibrous tissue; that their capacity is much less than that of the ventricles; that their openings for the exit of blood are so much larger than the openings for entrance; and that the veins emptying into them have no valves. He also gives certain mechanical reasons: If the auricles contracted, the blood would be arrested in the veins, or even forced backwards; the auricles would only discharge their own contents, which would be insufficient to fill the ventricles; if a hollow needle be thrust into the auricle, the blood merely wells up through it whereas it spurts up if thrust into the ventricle.— [*Ohio Med. Journal.*

MASSAGE.—Dr. JAMES I. TUCKER, writes as follows on this subject: Inasmuch as massage is attracting considerable attention now-a-days, and is thought by many to be a notion of modern times, it occurred to me that the following, medico-historical data might be no less interesting to your other readers than they have been to me.

In India the massage method was in vogue at least two thousand years ago, for a Greek historian, who was in that country 300 years B. C., related that at that time there existed among the Brahmins an order of physicians whose treatment consisted in regulating diet, enjoining abstemiousness and outward manipulations. At the present time, in the valley of the Ganges, there is an order of Brahmins, whose method of treating diseases is a hygienic rubbing and shampooing after the bath. The patient lies outstretched upon a lounge, and the Brahmin kneads his limbs as if they were dough. Then he strokes the body lightly with the palms of his hands, perfumes and anoints him, and concludes by bending and stretching the neck and joints of fingers and toes.

The same method is in vogue in the Orient, especially among the Turks. The beneficial effects of massage were likewise

known to the ancient Greeks and Romans, for after their bath they had their slaves rub, knead and anoint them, and Hippocrates considered it important that the physician, among other things necessary to the mastery of his art, should understand massage. Asclepiades, who lived one hundred years before Christ was likewise an advocate of this method of healing.

It was a Swede name Pebr Hewrik Ling, who, while founding a system of gymnastics upon purely anatomico-physiological principles, introduced passive motion. This occurred in the second decade of this century, and the students of Ling brought the massage method to great perfection. For a long time all kinds of passive motion, like stroking, patting, pounding, kneading, rubbing, pinching, stretching, etc., have been applied with great success.

Of late a Hollander named Metzger, who has achieved brilliant success by the help of massage, attracts to himself both the learned and the laity, some to place themselves under treatment and some to learn his method.

His method consists principally of four kinds of manipulation, to wit:

1. *Effleurage*: slow and gentle stroking with the palms of the hands.

2. *Massage à friction*: forcible stroking and rotary rubbing movement in alternation, either with one hand or with both hands.

3. *Pétrissage*: kneading.

4. *Tapotement*: pounding, beating and slapping with the flat hand or its edge, and with the closed fist.

So important an adjunct to the medical art as massage, that rests upon a scientific basis, and endorsed by so many German, French, English and American physicians, including Esmarch, Charcot and Mitchell, should not be overlooked by any of the members of our profession—[*Chicago Med. Jour. and Examiner*.

**TREATMENT OF SMALLPOX BY ETHER AND OPIUM.**—In a recent séance of the Académie de Médecine, M. Du Castel read memoir on the above subject. In his service in the Hôpital St. Antoine he observed seventy-six grave cases; thirty-six among

these, having confluent small pox were treated in this way. In almost all the cases suppuration did not take place, and dessication occurred from the sixth to the ninth day. The following observation may be taken as typical. A girl of twenty-two entered the service on the day of the eruption, with grave general condition, extreme agitation, skin scarlatiniform in color and covered with small papules placed very near each other.

Temperature 40° (Centigrade).

The next day the contents of a hypodermic syringe of ether was injected; fifteen centigrammes of thebaic extract and fifteen drops of sol. ferri perchlorid. in 125 grammes of water, was administered.

On the 29th inst. (three days latter) a few, scattered vesicles were formed; dessication took place without suppuration, and was complete two days later.

The risk of abscess following the ether injection is avoided by inserting the needle deep into the tissues.

This treatment appears much more efficacious in vaccinated persons.

The best method of applying the treatment is to inject the contents of a hypodermic syringe of ether morning and evening, giving fifteen to twenty centigrammes of extract thebaic and fifteen drops of sol. ferri perchlorid., much diluted in the course of the day. M. Du Castel in concluding hoped that further research would be devoted to the subject—[*Med. and Surg. Reporter.*]

MANAGEMENT OF THE THIRD STAGE OF LABOR.—Dr. Max Runge, (*Journal of Psychological Medicine.*) in a communication to the Obstetrical Society of Berlin, criticises the current teaching regarding the management of the third stage of labor. He takes as the special text of his animadversions the directions given by Fritsch, which are to the effect that *immediately* after the birth of the child the uterus is to be seized by the hand on the abdomen, and the placenta pressed out. Dr. Runge states that for a long time he faithfully carried out this method; and so did others in Prof. Gusserow's clinique. The objection to it is, that the squeezing out of the placenta is begun before the organ has become completely separated; consequently, when the placenta has been expelled, often a bit of the membrane

may yet be attached to the uterus and be left behind after the placenta has been taken away. While this teaching was carried out it was quite a common thing for a pair of forceps to be needed to remove these retained pieces of membrane, and secondary post-partum hemorrhage become extraordinarily frequent. He refers to a former communication of his own, in which, treating of post-partum hemorrhage, he expressed his surprise that within a short time he had many cases of this complication. Then he supposed this frequency was fortuitous. Now he knew the reason, which was his undue haste in pressing out the placenta. Midwives are now instructed, after the birth of the child (and having, of course, seen that the uterus is sufficiently contracted upon the placenta to prevent hemorrhages), to wash and dress the infant before proceeding to press out the placenta. The separation of the placenta and membranes, Dr. Runge holds, is not complete until, upon an average, about a quarter of an hour after the birth of the child; and therefore about this length of time should be allowed to elapse before the placenta is pressed out. Since instructions based upon this principle have been given to the students and midwives of the Strasburg Obstetric Clinique post-partum hemorrhage has become of very infrequent occurrence.—[*Canada Medical Record*.

**MIMIC OR PHANTOM ANEURISMS.**—Dr. Sammuel West describes eight cases of temporary pulsating tumors, situated in the outer sub-clavian region, and accompanied with thrill and murmur, and sometimes dilated veins. In all, the remarkable feature was the temporary duration of these symptoms, which appeared and disappeared, usually associated with states of excitement or quietude. The prominence of the tumor, with the other physical signs, suggested aneurism of the axillary artery, but in all the cases the total subsidence of the symptoms disproved this view. Of the cases, seven were males, and came to Hospital complaining of debility or nervousness; and in four of discomfort in the subclavian region. In half the swelling was unilateral, and in the other half more marked on one side than the other. A murmur was heard in all, and a thrill noticed in six. Dilated veins were present in five on the affected side. The signs were unaffected by position, but readily produced under excitement. With the exception of the pulsating abdom-

inal aorta, to which Sir James Paget applied the term "mimic aneurism," this condition has not been described. Dr. West explains it as a disturbance of enervation, the sympathetic being at fault. It might "produce the required result by exciting contraction of the peripheral portion of the vessel, this being followed by secondary mechanical dilatation immediately above the contracted part."—*St. Bartholomew Hospital Reports*, vol. xvi. in *Canada Med. and Surg. Jour.*

RECTAL EXPLORATION AND DIAGNOSIS.—DR. CHARLES B. KELSEY, of New York, contributes an article to the "*New York Medical Journal and Obstetrical Review*" for October, 1881, which contains several valuable suggestions and the description of some methods which are original. After referring to the many errors which arise in this department of surgery from the lack of care and proper examination, he goes on to answer the question of how to make a rectal examination which shall be at the same time thorough and as free from pain as possible. In his own practice he uses an artificial light of his own arrangement and a forehead mirror, which enable him at all times to illuminate the rectum thoroughly, while by the side of the examining table stands an instrument-case fitted with all necessary appliances. In addition to these things he insists strongly on the necessity of having a water-closet communicating with the office so that injections may be administered and the bowels moved at the times of the examination. In the matter of specula he confines himself almost exclusively to Sims', finding this the best of all after the sphincter has been stretched, and not finding any that give a fair view of the parts until this has been done. He relies, however much more upon the finger for a diagnosis than upon any artificial helps, and claims that with it, after the necessary skill has been acquired, the slightest pathological changes may be detected. In the matter of bougies he also has his own preference, and recommends a soft-rubber instrument, similar to that of Wales, only more flexible. For detecting strictures high up in the rectum or in the sigmoid flexure little confidence is to be placed in a bougie of any sort, and the writer relies almost entirely upon manual examination either through the abdominal wall or by passing the hand into the rectal pouch. The latter method he holds to be free from danger and certain in its conclusions.

**THE NERVOUS SYMPTOMS OF LITHÆMIA.**—Among the subjects which have been of late more clearly recognized, is that of lithiasis or lithæmia. Able researches have done much to direct the attention of the medical mind to it, and the outcome is that it is now distinctly known that a state exists which is closely allied to gout, a half-gout that does not bring with it the inflammation, pain, and obvious swellings of the gouty paroxysm, but which works more silently, is characterized by the abundance of lithic acid or lithates in the urine, frequently co-exists with signs of ill-assimilation of food, and with aches and pains unaccompanied by any perceptible changes of the aching part. Hepatic derangement is also often found; and from this end of the chain the links are stretched through many vague, almost nameless, symptoms to outbreaks of true gout, or to structural change in heart, vessels, and kidneys. To the peculiar, often obscure, nervous symptoms arising from this condition of the blood, attention is pointedly directed by Prof. DA COSTA, in a clinical paper on the "Nervous Symptoms of Lithæmia," in the number of the *American Journal of the Medical Sciences* for October, 1881. One of the most prominent symptoms, according to Da Costa, is vertigo. This, properly speaking, is not the *vertigo a stomacho læso* of Trousseau, although gastric derangement may be associated with it, having but little connection of a direct character; or one may exist independently of the other, as well as of the more obvious symptom of lithæmia. Each symptom of the disease is carefully studied by Dr. Da Costa, and the salient points in the clinical history are illustrated by a number of original cases. In the treatment, the correction of the state of the blood is of primary importance. Careful regulation of the diet, reducing both nitrogenous elements and hydrocarbons, forbidding alcoholic drinks, and allowing plenty of water, while systematic exercise, especially in the open air, and due attention to the state of the skin, are all essential. Medicines favoring excretion, purgatives, especially the natural mineral waters, which, at the same time, are diuretic, are to be preferred. Citrate of lithium is particularly serviceable, iodide of potassium and colchicum less while remedies, having a direct action upon the nervous system, as Da Costa points out, are to be avoided or used very sparingly, and, as a rule, to be reserved for special occasions.

WHY DOES LABOR COME ON?—Dr A. Geyl, of Dordrecht, in the *Archiv für Gynäkologie*, applied the Darwinian theory to answer the question, to which so many more or less imperfect replies have been given: Why does labor come on? and, Why does it come on at the end of the ninth month? Dr. Geyl's view is this: that it depends upon an inherited tendency to expel the child as soon as it has reached the stage of development most favorable to its separate existence, and yet permitting of its passage through the pelvis. A woman with a tendency to expel the child too soon, before it was properly viable, or to retain it too long, till it was too big to traverse the pelvis, would not, of course, transmit this peculiarity to any descendant. And it is obvious that the offspring of those mothers who expelled their young at precisely the most favorable time, when the greatest degree of development compatible with safe delivery had been reached, would have a better chance of surviving than those born a little too early or too late. Dr. Geyl explains the wide differences in the duration of pregnancy by supposing that peculiarities in this direction are transmitted; *i. e.*, given a race of women with small pelves, it would be to the advantage of that race, if with the small pelvis went a tendency to the expulsion of the child before it had got very big; in the absence of that tendency the race would die out. If this were the only cause, it is plain that in the same woman pregnancy ought to always last nearly the same length of time. Dr. Geyl adduces some, but very incomplete, evidence in support of his theory. The theory, however, if true, is not an explanation. We have yet to know the mechanism by which such adaptation is effected.—[*Med. and Surg. Reporter*.

IODOFORM IN PORRIGO DECALVANS.—Speaking of iodoform, Dr. W. Frazer says, in the *British Medical Journal*: I feel desirous of directing special attention to the properties it possesses of promoting the cure of that very troublesome affection porrigo decalvans. The best results that I have, as yet, obtained in this disease have followed the application of vesicating collodion over the affected spot, and for a short distance around it. Previous to this it is well to epilate all diseased hairs over the spot; and, when the blister is healing, the ointment of iodoform should be applied night and morning, or oftener, and by this treatment the hair soon appears in a healthy condition. A few weeks since a



case came under my charge, where croton oil had been applied with exceptionally disastrous results, and which may serve as a caution against its use. The little sufferer, a strumous child of about six years of age, had some diluted croton oil rubbed into the spots of porrigo scattered over her head; it produced violent local irritation which extended over the entire scalp and the face where confluent patches of exudation formed, and much of the back of the neck was also affected, the gland of the neck becoming swollen. The entire body and limbs became of a deep-red color, like scarlatina or erysipelas, and studding this were numerous suppurating points. This affection may have originated through the child applying its hands to the scalp saturated with the croton oil and then transferring the irritant to the rest of the body; but I am inclined to think this would only explain some of the results, and that there was an outbreak of cutaneous rash, like what we see in acute eczema. At all events, the condition was one of extreme misery, and the poor sufferer was equally distressed in mind, declaring that she would go "mad" with the constant burning pain, tingling and irritation. I applied vaseline over all the body, as in a case of extensive burn, and after a fortnight the attack subsided, the cuticle desquamating. The ointment of iodoform was then used for the eruption of porrigo, which, it may be stated, was still increased and extending, dispersed through the hair in scattered patches; the result, after a time, was all that could be desired. It is needless to describe the constitutional treatment which was employed at the same time. It is well to be cautious in applying croton oil unless with great care and discrimination; some skins possess an exceptional degree of sensibility to the action of this irritant, which is quite capable not only, of affecting the special parts to which it is applied, but, in such individuals of originating an acute dermatitis over the entire body as it did in this girl.—[*Med. and Surg. reporter.*

**THE ADAPTABLE POROUS FELT SPLINT.**—Our readers will probably have noticed the advertisement of the Ahl Adaptable Porous Felt Splint Co., in our advertising pages. If they have not, we would call their special attention to it. We have known and used this splint for many years, and pronounce it, emphatically not only the best splint in the market, but the only manufactured splint which a surgeon ought to use. Any one who has once tried a set of them and learned their manifold



advantages will not practice without them. They are, indeed, especially in their present improved form, as near the perfection of a splint as we can imagine. In years past we have published various articles upon them, and a longer experience more than confirms all the good that has been said of them.

We strongly advise our readers to apply to the company for a descriptive illustrated pamphlet, which is sent on application, and which will inform them of the details about these, in our opinion, quite unequalled surgical splints.—[*Med. and Surg. Reporter*.

DEATH FROM THE USE OF THE NASAL DOUCHE. ROBERT N. TAYLOR, M. D., TOLLESBORO, KY.—F.; male; white; aged 55 being afflicted with naso-pharyngeal catarrh, of average severity, procured, upon his own responsibility, one of those much-advertised articles—a nasal douche—emanating from a concern which rejoices in the grandiose title of “The World’s Dispensary.” But a douche is a douche, wherever it comes and this douche is precisely similar in the method of its working, to the orthodox douche of Weber or Thudicum; flooding of the middle ear being a frequent, unfortunate result of the use of any form of apparatus which fills the naso-pharyngeal cavity with fluid.

F. used this douche for some time and then consulted the writer in regard to a severe pain in his left ear, which had made its appearance after using the douche upon a certain occasion, and had already existed several days. He was directed to abstain from further use of the douche; to make warm applications to the left ear, and to call again in a few days, the latter he failed to do, and was not seen again for two weeks, when a hasty summons called me to him on the morning of February 7th 1880. He was suddenly seized the previous night, with a severe chill, followed by high fever, delirium appearing almost simultaneously with the fever. When seen at 8 A. M., he presented delirium of a low, muttering type; temp. 103° F. I learned from the family that he had complained of severe pain in left ear, constantly, since last seen two weeks previous. There neither was nor had been any discharge from external ear. Owing to the restless condition of patient, it was impossible to make a satisfactory examination of the ear, or to catch a glimpse of the drum membrane.

Diagnosed cerebral meningitis, resulting from a middle ear inflammation, the latter being the result of flooding the middle ear, while using the nasal douche. The patient's condition was regarded as utterly hopeless, from the beginning. The delirium gradually gave place to deep coma, and, at the expiration of fifty-three hours after the initial chill, F. died.

No autopsy was allowed, but from the history of the case, the sudden onset of the chill, the appearance of delirium simultaneously with the chill and fever, and the delirium quickly followed by profound coma, the conclusion seems fully to warrant that either a collection of pus found its way from the tympanic into the cerebral cavity, or inflammation traveled from the middle ear along the sheath of the vessels, which pierce its roof thus reaching the meninges; and that the death of this man is to be fairly attributed to the use of the nasal douche.—[*The Medical Herald*.

**HYPÆSTHESIA OF THE THROAT.**—One of the least known subjects in laryngology is that of the neuroses of sensation. Dr. L. Elsberg (*American Journal of the Medical Sciences* October. 1881) calls attention particularly to several varieties of defective sensation as observed in the larynx, functional in character, and not dependent upon structural throat lesions, nor upon other conditions in which the particular diminution of sensibility has a symptomatic significance. The term hypæsthesia is preferable to anæsthesia where the loss of sensation is only partial; in the same manner "hypalgia" expresses a diminution of the sense of pain, not necessarily accompanied by diminution of other sensations. In order to determine the tactile sensibility of the larynx. Dr. Elsberg had devised an instrument which was presented at the recent International Medical Congress, at London. The same instrument is also adapted to testing the sensibility to pain and temperature. Dr. Elsberg concludes that "every excessive variation of ordinary sensibility must be considered as abnormal, even if we do not yet know its clinical importance."—[*Chicago Medical Review*.

**SURGERY IN THE MIDDLE AGES.**—Dr. Lyman, writing in the *Popular Science Monthly*, refers to the low condition of surgery when it was in the hands of the barbers and when surgeons

were called "skinners." He quotes a passage from Sprengel, saying that in Germany no artisan would employ a young man as an apprentice without a certificate that he was born in marriage and of honest parents, and came of a family in which were found neither barbers, bathers, nor skinners.—[*Pacific Med. and Surg. Journal*.

CHEAP ANTISEPTIC AND DISINFECTANT.—Prof. Beilstein has made comparative experiments with disinfectants to determine their relative value as such. He arrives at the conclusion that aluminum sulphate is an effective and at the same time the cheapest substance arresting putrefaction. If sufficient time is given for its action (two or three days), a four per cent solution will effect more than a fifteen per cent solution of ferrous sulphate, thereby counter-balancing any difference in price in favor of the latter. Besides, a very crude article might be manufactured from clay and sulphuric acid, which would be very cheap indeed. A four per cent solution of aluminum sulphate will kill all infusorial life, no matter how tenacious. However, this substance has no power of destroying putrid odors, and for this, carbolic acid seems to be the only available article. The author inclines to the belief that this disinfectant does not merely supplant foul odors by its own, but that the phenol enters into actual combination with the skatol of the faecal effluvia. He therefore recommends aluminum sulphate, combined with a little phenol, as the most effectual as well as economical for rendering decaying organic substances, both odorless and innocuous.—*Pharm. Centralh. from Deutsche Viertelj.*

### Correspondence.

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#### ARTICLE LXX.

EDITORS JOURNAL:—Previous to the past week's rains many *cisterns* in the country were dry. Now the rains are putting plenty of water into them, which will be used for drinking. QUESTION.—Will this water absorb the malarial poison, generated at this season of the year in such large quantities; and will it, when drank, produce *malarial fever in the drinkers*? Maybe Dr. Hurt could answer. What do you think of it?

Respectfully,

Manchester, Mo, Sept., 30th

R. M. HIGGINS, M. D.

#### ANSWER.

The above having been referred to me I answer unhesitatingly in the affirmative, but in doing so I do not wish to be understood as predicting that there will be an increase in the prevalence of malarial diseases as a consequence. For, while I have no doubt that the rain water, now falling so abundantly throughout the country, is capable of absorbing a great deal of malarial poison and carrying it into the springs, wells, and cisterns, and thereby infecting the drinkers, I think the evil will be more than counterbalanced by the good effect of the washing of the earth's surface and freeing it and the atmosphere of there redundant malarious impurities.

St. Louis, Mo. Oct 4th.

G. HURT, M. D.

## Book Reviews.

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### ARTICLE LXXI.

INDEX-CATALOGUE OF THE SURGEON-GENERAL'S OFFICE, United States Army. Authors and Subjects, Vol. II. Berlioz-Cholas. 4to. pp. 990. (Washington: Government Printing Office. 1881.)

This, the second volume of one of the most stupendous efforts ever made to classify Medical Literature, is before us and is equal in all respects to the first volume which elicited so much praise. Considering the vast amount of labor involved in such an undertaking, it seems marvellous that it should be accomplished in so short a time. The accuracy of the work has been such that nought but praise has been accorded to the first volume and this, the second is fully up to the standard established in the first. It is one of the American works which has done more for our Medical Literature than almost any other.

An idea of the vast amount of labor involved in this work may be formed from the following list of subjects classified: This volume includes 12,459 author-titles, representing 4,934 volumes and 9,410 pamphlets; it also includes 11,550 subject-titles of separate books and pamphlets, and 37,310 titles of articles in periodicals. This is all arranged in a manner that is as labor-saving as it is possible to make it. Dr. Billings has secured himself a world-wide reputation through this work and one which we think is well deserved.

It may not be inappropriate in this connection, to say a few words in relation to a periodical which has not met with the support which it deserved at the hands of the profession. We refer to the *Index Medicus* which is a monthly continuation of the book under consideration, and which has been carried on at a pecuniary sacrifice. It is a very valuable reference book of current Medical Literature, and an index, trustworthy and accurate, of what is being written to-day. In spite of its universally acknowledged intrinsic merits, it is languishing for the want of proper support. We hope that every physician, who holds the advancement of his profession at heart, will endeavor to aid such a worthy enterprise in a more substantial manner than by mere words of encouragement. Arrangements have been made with the publishers of this periodical by means of which those desiring to subscribe may do so, at reduced rates. We would

like to see every subscriber of the JOURNAL aid this worthy enterprise by sending subscriptions for it for 1882.

To return to the book before us. It is a most complete mirror of Medical Literature from the fact that every medical Journal published is received and the articles therein properly classified. Not only this but proceedings of Medical Societies, reports of boards, etc., also find an appropriate place in this collection.

The work is being vigorously pushed forward and upon its completion this will be the most valuable work, of its kind, extant.

**AMERICAN NERVOUSNESS. Its Causes and Consequences. A supplement to Nervous Exhaustion (Neurasthenia) by GEORGE M. BEARD, A. M. M. D., pp. 352. (New York: G. P. Putnam's Sons. 1881.)**

In the first chapter, Dr. Beard proceeds to acquaint his reader with the nature of nervousness which he defines as nervelessness—a lack of nerve-force, detailing a large number of symptoms already given in his work on Neurasthenia and which although very lengthy is yet far from complete, as the author himself observes. In the same chapter he gives his reason for adopting the term American nervousness for the title of his book. He states that while “modern nervousness is not peculiar to America yet there are special expressions of this nervousness that are found here only; and the relative quantity of nervousness and of nervous diseases that spring out of nervousness, are far greater here than in any other nation or history, and it has a special quality.” All of which we think must be taken with some grains of allowance.

In the second chapter, are considered the signs of American nervousness. He first considers whether nervous diseases are on the increase or not in this country and concludes that they are. He states that there is an increase of the nervous diathesis, increased susceptibility to stimulants and narcotics, inebriety is increasing, the sensitiveness to drugs is greater. Thirstlessness is one of our characteristics, there is sensitiveness of digestion, an increase of near-sightedness and weakness of the eyes, an early and rapid decay of the teeth, increasing frequency of baldness, sensitiveness to heat and cold, and so many more defects of a similar nature that we refrain from giving any more as we think enough have been enumerated to show, from Dr. Beard's standpoint, that we are rapidly degenerating. All these he considers signs of American nervousness, and we must confess that if what he states is the true status of affairs it is a matter of surprise to us that the American nation, as such, still exists.

In the third chapter, the author considers the causes of

American nervousness. Among other things mentioned in this chapter we find the following: "The neuroses, or functional nervous diseases—of which sick-headache, neurasthenia (nervous exhaustion), neuralgia, spinal irritation, and hay-fever are types—are vastly more frequent and more complex in the Northern and Eastern part of the United States than in all the world besides." This he attributes to the sudden changes of temperature experienced in the districts where these diseases prevail. The predisposing causes he considers to be: modern civilization, climate, race and the nervous diathesis. Among the exciting causes are: functional excess of any kind.

In the next chapter is considered the longevity of brain-workers and the relation of age to work. We learn from this that the average longevity is 50 years; that of clergymen 64, of farmers 64, of lawyers 58 and of physicians 57. The causes of the great longevity of brain-workers is due to a variety of circumstances, among which may be mentioned:

1. The inherent and essential healthfulness of brain-work, when unaccompanied by worry.

2. Brain-workers have less worry and more positive comfort than muscle-workers.

3. Brain-workers live under better sanitary conditions than muscle-workers.

4. The nervous temperament, which usually predominates in brain-workers, is antagonistic to fatal, acute, inflammatory disease, and favorable to long life.

5. Brain-workers can adapt their labor to their moods and hours and periods of greatest capacity for labor better than muscle workers.

This is perhaps the most interesting chapter in the book.

The last chapter on the physical future of the American people concludes as follows: "The typical American of the highest type will, in the near future, be a union of the coarse and the fine organizations; the solidity of the German, the fire of the Saxon, the delicacy of the American, flowing together as one—sensitive, impressible, readily affected through all the avenues of influence, but trained and held by a will of steel; original, idiosyncratic; learned in this—that he knows what not to know, laborious in knowing what not to do; with more of wiriness than of excess of strength, and achieving his purposes not so much through the amount of his force as in wisdom and economy of its use."

Dr. Beard's present work has already received some severe strictures and while we cannot agree with him in all particulars there are still enough home-truths in it to make it worthy of a careful perusal. We hope that all those, interested in the subject, will give it their attention whilst reading it, as they will

find many useful hints in it although they may not agree with him in the main.

GESCHICHTE DER DEUTSCHEN MEDICIN. VON HEINRICH ROHLFS.  
Die Medicinischen Classiker Deutschlands. Zweite Ab-  
theilung. 8 vo. pp. 566. (Stuttgart: 1880.)

(History of German medicine, by H. Rohlf. vol. II. The German classics.)

The erudite editor of *Deutschen Archiv für Geschichte der Medicin und medicinische Geographie*, has here presented us with a work of the greatest intrinsic value, as it successively traces the advances made in medicine by Germans, and the great reformers who have from time to time appeared. It is not a mere recital of the events which occurred in the lives of the illustrious men presented, but it is an exhaustive critique of the causes, and developments which lead to the different perturbations in the various eras of German medicine, and a critical analysis of the important parts played in these changes by the individuals whose works and lives are considered.

The book before us is the second volume, the first having appeared a number of years ago. The ill health and many duties of the author have retarded the appearance of succeeding volumes, but they are only the more appreciated from being so long delayed.

The first German physician considered in this volume is Lebrecht Friedrich Benjamin Lentin, the German Hippocrates. He was born in Erfurt, April 11, 1736, and his parents although not wealthy provided a thorough and careful education for their son. At the age of thirteen he entered the University. In 1754 he went to Göttingen to study medicine, and in 1756 was already invested with the title of Doctor of Medicine. The author follows Lentin through his whole career, and gives very just criticisms of his acts and works. Lentin was very profuse in his writings on Epidemiology especially, more so than upon any other subject. However he wrote upon Diagnosis, Therapeutics, Pathology, Surgery, Ophthalmology, State Sanitation, Children's Diseases and Otology. It is no wonder that Rohlf should call him the Hippocrates of Germany. "He was the champion of learning, a fearless apostle of art and a devoted disciple of the unseen medical temple. It is a deserved and elevated position that he has earned among the German Classics."

The next one considered is Samuel Gottlieb von Vogel the Father of German Sea-Bathing. Von Vogel was born in Erfurt, March 12, 1750, and in 1753 his father was professor in the University of Munich. At the age of fifteen, Vogel entered the University in which his father taught, and in 1771, he wrote for and obtained the Doctorate.



He was a successful practitioner; in 1784 being created court-physician to the King of England. He was a prolific writer and indefatigable worker, and won many crosses, and medals of honor and merit. He wrote upon nearly every medical subject, but more particularly upon sea-bathing.

Johann Peter Frank, the founder of Sanitary Police; and Kurt Sprengel, the Pragmatic, constitute the remaining names considered in this part of the work.

The next part commences with a history of the German reformers of Midwifery, among whom we are introduced to Johann Georg Roederer, Lukes Johann Boer, Justus Heinrich Wigand and Franz Carl Naegele. These are well-known names some of which we daily hear quoted as authorities, and to whose works students yet refer with avidity.

Space and time is not allowed us to make as thorough and exhaustive an examination of this book as it deserves. The reputation of Dr. Rohlf's, however, is so widespread and so well-known, that the mere mention of his name is sufficient to excuse an impartial hearing. We are much pleased with the work and hope that the next succeeding volumes will make their appearance a little more rapidly than this one has done, although it must be admitted that there is a great deal of work connected with a biography such as he handles it.

We will, nevertheless, impatiently await its appearance and the more so as our appetite has been so keenly whetted by the delicious morsel placed before us in the shape of the second volume.

**A MANUAL OF THE PRACTICE OF MEDICINE.** Designed for the Use of Students and the General Practitioner. By HENRY C. MOIR, M. D. 12mo. pp. 441. (New York: Steam Press of the Industrial School, N. O. A. 1881.) From the Author.

The present little volume is one in the great army of remembrancers and vade mecums that are yearly issued from the press. It is a very brief *resumé* of the symptoms, etiology, pathological anatomy and treatment of the principal diseases and whilst looked upon with favor by some, this style of condensing subjects is regarded by others as detrimental to students. It has a tendency of encouraging them to "cram" instead of applying themselves diligently and rationally to the study of diseases. The author states that, "this volume has been designed chiefly to aid the medical practitioner and student in refreshing the pathology, etiology, symptomatology, differential diagnosis, and treatment of the more important diseases".

The book comprises the substance of a series of lectures delivered to students and is based upon standard works, such as Niemeyer, Roberts, Loomis, Da Costa, Bristowe, Hartshorne and others.

The arrangement observed is a very good one and for a hand-book it is a very good one. We must however declare ourselves against such hand-books for students, as they do not exercise the most salutary influence, leading them to read short notes in preference to the longer and better digested treatises of authors. Besides it deters them from thoroughly appreciating the real difficulties to be encountered and makes them ever confident, from the fact that everything laid down in such manuals is put in such a manner as to lead the reader to infer that it is fixed and beyond dispute.

However, there will always be a demand for such and we can say that for its size no better one could be selected than the work under consideration. It is very concise and seems to be more like the headings to chapters on the diseases enumerated than attempted elucidations and may, on this account, induce the reader to turn to more extensive works.

### Books and Pamphlets Received.

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#### ARTICLE LXXII.

Transactions of the Medical Society of New Jersey. 8vo. pp. 306. (Newark, N. J.: L. J. Hardham, Printer, 1881.)

Transactions of the American Otological Society. Fourteenth Annual Meeting, Newport, R. I., July 26, 1881. Vol. II, Part 5. 8vo. pp. 429-511. (Boston: A. Williams & Co., 1881.)

Landmarks, Medical and Surgical. By Luther Holden, assisted by James Shuter, M. A., F. R. C. S., From the Third English Edition, with additions, by William W. Keen, M. D. 12mo. pp. 148. (Phila.: Lea's & Son, 1881. St. Louis: St. Louis Book & News Co.)

Antiseptic Surgery. The Principles, Modes, Application and Results of the Lister Dressing. By Dr. Just Lucas-Championnière. Translated from the Second and Completely Revised Edition, with the special permission of the author and editor, by Frederic Henry Gerrish, A.M., M. D. 12mo. pp. 239. (Portland, Me.: Loring, Short & Harmon. 1881.) Price \$2.25.

Transactions of the Medical Association of the State of Missouri, at its Twenty-Fourth Annual Session, held at Mexico, Mo., May 17, 18 and 19, 1881. 8vo. pp. 199. (St. Louis: J. H. Chambers & Co. 1881.)

The Physicians' Visiting List for 1882. Thirty-First year of its Publication. (Phila. Lindsay and Blakiston.)

The Compend of Chemistry, with which is included a Second and Revised Edition of the "First Step in Chemical Principles." By Henry Leffmann, M. D. 18mo. pp. 160. (C. C. Roberts & Co. 1881.) Price \$1.00.

Favorite Prescriptions of Distinguished Practitioners, with Notes on Treatment. By R. W. Palmer, A. M., M. D. 24mo. pp. 121. (New York: Bermingham & Co. 1881.)

Library of Medical Classics, published semi-monthly, at \$8.00 per year, by Birmingham & Co., New York.

No. 1. A Practical Manual of the Treatment of Diseases of the Rectum. By Henry Smith, F. R. C. S. First American,

from the Fourth English Edition. 8vo. pp. 44. Price 25 cents. (Sept. 1, 1881.)

No. 2. Clinical Lectures on the Diseases of Women, delivered in St. Bartholomew's Hospital, by J. Mathews Duncan, M. D., LL. D. F. R. S. E. etc. 8vo. pp. 67. Price 35 cents. (Sept. 15, 1881.)

No. 3. A Manual of Venereal Diseases, for Students and Practitioners, being a concise description of these affections and of their treatment. By Berkley Hill, and by Arthur Cooper. Second Edition, 8vo. pp. 25. Price 20 cents. (Oct. 1, 1881.)

Optic Neuritis. By A. Friedenwald, M. D. (Reprint from *Maryland Medical Journal*, Aug. 14 and 15, 1881.)

Report of Section on Ophthalmology and Otology. By Samuel Theobald, M. D. (Reprint from Trans. Med. and Chirurg. Faculty of Maryland, 1881.)

Ovariectomy during Pregnancy. By H. O. C. Wilson, M. D. (Reprint from Vol. V. Gynæcological Transactions, 1881.)

Vaccination. A letter to Dr. W. B. Carpenter, C. B. By P. A. Taylor. London: Aug., 1881. (Through Dr. Spinzig.)

Uterine Massage as a Means of Treating Certain Forms of Enlargement of the Womb. By A. Reeves Jackson, A. M., M. D. (Reprinted from Vol. V. Gynæcological Transactions. 1881)

Report to the Illinois State Medical Society, on Laryngeal Tumors. By E. Fletcher Ingalls, A. M., M. D. (Reprint from the Transactions of the Illinois State Medical Society for 1881.)

Never go back on a Travelling Man, or The Boys on the Road, a commercial ballad. Words by Robert Lovell; Music by Charlie Baker. (Cin.: F. W. Helmick.)

On the Importance of Early Recognition and the Repression of Mental Disease in its Incipient Stages. By Edward C. Mann, M. D. (Reprinted from the *College and Clinical Record*, Sept. 15, 1881.)

The Prevention of Certain Contagious Diseases by Local Boards of Health. By James Crane, M. D. (Reprinted from Vol. VI, Transactions American Public Health Association.)

Copies of Advertisements in Secular Prints, of Proprietary Medicines, and Patented and Copyrighted Trademark Compounds.

Questionable Remedies. (*New Preparations*, Jan., 1878.)

Legitimate Medicine and Pharmacy vs. Nostrum Venders. (Reprint from the *Therapeutic Gazette*, Jan. 1881.)

Professional Relations between Physicians and Druggists. Provisions and Agreements.

Trade-Mark Pharmaceuticals. Quackery and Regular Medicines. By Geo. B. H. Swayze, M. D. (Reprint from *Therapeutic Gazette*, July, 1881.)

Nostrums Illustrated. (Reprint from *Chicago Pharmacist*.)

Legitimate and Scientific Pharmacy, as allied to Medicine and in opposition to Nostrum Vending. (Reprint from *Medical Annals*, Feb. 1, 1881.)

"Confusion Worse Confounded." (Editorial in *Therapeutic Gazette*, Aug., 1881.)

## News Items.

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### ARTICLE LXXIII.

At the meeting of the St. Louis Medical Society October 15th, 1881, Dr. Dickinson offered the following resolution which was carried :

*Whereas:* The surgical treatment of our late President James A. Garfield has been, through the public prints, the subject of severe aspersions and adverse criticisms, the tendency of which is to asperse the fame of the eminent gentleman who directed that treatment

Therefore, to the intent of assuring these gentlemen, *our professional brethren* of our moral support, and by our voice, of rendering nugatory as far as we may the effect of these unjust aspersions, be it

*Resolved:* That the St. Louis Medical Society hereby, unanimously testifies to its constant approval of the wisdom and fortitude that resisted the public clamor for the adoption of *useless, dangerous and meddlesome* surgery, in demanding "instant search for and removal of the mortal missile"—which wisdom has been triumphantly vindicated by the autopsy made and officially announced.

This Society also expresses its admiration of the vigilance that timely detected imminent complications, and of the skill which averted their immediate consequences; and endorses the surgical and regiminal measures pursued throughout (as publicly reported) in the sustained endeavor to conduct to a favorable termination the issues of that protracted life-struggle, and also commends the great prudence which ever invested the prognostic utterances, eagerly sought for and given to a sympathizing world.

And though, in the unequal encounter with Death, the manifold agencies of medicine and surgery and the unwearied ministrations of loving friends were not ultimately blessed to the restoration of our chief magistrate, this Society heartily records its united testimony that this distinguished life, thus imperiled,

could not have been confided to a *council* of medical men, more sincere in purpose, more acute in foresight, more wise in council or more skilful in execution.

*Resolved*: That a copy of this action of the Society, duly attested, be transmitted to the several gentlemen composing the council referred to in the above.

We have received from Dr. Spinzig, No. 30 of the *Vaccination Inquirer and Health Review*, which like Banquo's ghost, will not down, but persists in opposing vaccination and everything having any connection with it.

The *College Record* is a new weekly, started in St. Joseph, Mo., by Dr. F. C. Hoyt. It contains two pages of reading matter and as many of advertisements, and purports to be the organ of the medical colleges. We hope that the new venture may prove successful and rapidly enlarge its sphere of usefulness.

The Tenth Semi-annual meeting of the South-East Missouri Medical Association was held at Cape Girardeau, Mo., commencing Tuesday, Nov. 1, and was quite successful.

The Ninth Annual Session of the American Public Health Association will be held at Savannah, Ga., Nov. 29, to Dec. 2, inclusive. This Association is one of the most important we have in this country, its object being the hygienic education of the people. We hope that this meeting will be successful, and attended with the best practical results attainable.

The Tri-State Medical Society of Illinois, Indiana and Kentucky, which met here Oct. 25, 26 and 27, did not have as good an attendance as it should have had. It almost seems as if a great many members had preconcerted not to come, in order to make the showing make as poor an appearance as possible. However, the meeting was a success as far as good and earnest work was concerned. The Mississippi River Convention through its committees, invited the members of the Tri-State to participate in all of its entertainments, a compliment which was duly appreciated and acknowledged by fitting relations.

The South-West Medical Association of Missouri will hold its Second Annual Meeting at Neosho, Tuesday, Nov. 8, 1881. Dr. E. P. Hansart, of Pierce City, is the President, and Dr. Flanner, of Springfield, Secretary.

TRI-STATE ITEMS:—Dr. L. I. Matthews, of Springfield, Mo., represented the South-West Medical Association of Missouri, at the late meeting of the Tri-State held here.

Prof. Ireland, of Louisville, Ky., was the same genial, kind soul that he has ever been.

Dr. A. E. Prince, of Jacksotville, Ill., exhibited an appliance of his invention for the detection of astigmatism and its degree of variation. He also gave a simple method for maintaining the head of a patient, in the same position, whilst operating upon the eye.

Prof. Lester, of Kansas City, Mo., was present, and it was his opinion that there was no more room at present, for medical colleges in that thriving metropolis.

We learned from Dr. Owen, that the *Indiana Medical Reporter*, although not dead is in its last throes.

We have received the initial number of the *New England Medical Monthly*, a double column journal of 48 pages, published at Newtown, Conn., at \$2.00 per year. Dr. Wm. C. Wile is the editor and proprietor.

#### TO THE SUBSCRIBERS TO THE "INDEX MEDICUS."

Notwithstanding the unremitting efforts of the publisher in behalf of the INDEX MEDICUS, the degree of support which it has received from the profession, by way of *bona fide* subscriptions, has not been sufficient to meet the expense of issue during the current year, and the publisher has reluctantly been forced to call upon those who so promptly volunteered to see him safely through this year's issue, for the amounts severally guaranteed by them.

The continuation of the INDEX for another year must depend upon the profession. The publisher cannot, in justice to himself, stand the risk of additional loss, nor does he feel justified in expecting the same small minority, who came so generously to the rescue this year, to bear the burden of the deficit a second time.

While he cannot object to any individual contribution that may be directly pledged, he is unwilling to make any special appeal, believing that the enterprise is of such importance to medical science as to entitle it, on the part of the profession, to a more general support. If the general practitioner has no



direct use for the INDEX, he is, nevertheless, indirectly benefited by its work. The publisher is at a loss to devise any means by which to impress this fact on those too busy to realize it, but he believes that in some measure a more general estimate of the work, and a more adequate coöperation on behalf of its support, could be insured through the medical organizations. Four associations, indeed, have already taken action in this direction, viz: the American Medical Association, the Philadelphia County Medical Society, the Philadelphia Pathological Society, and the Philadelphia Obstetrical Society, each of whom subscribed \$50 toward the guarantee fund of 1881. If this example could be followed proportionately by other medical societies, the deficit could be covered with a minimum tax on individual members.

A three years' trial has demonstrated that the INDEX cannot derive its full support from regular subscriptions at the present rate of \$6. The total returns from subscriptions, even at this latter rate, still fall fully \$1000 behind the expenses. It is therefore necessary not only that every subscriber should renew his subscription for another year, but that a special amount, aggregating at least \$1000, should be pledged in advance to cover the probable deficit.

As it is necessary, in justice to the editors, that an early decision should be reached, every subscriber is requested to respond to the following questions at the earliest moment possible:

*1. Will you renew your subscription to the INDEX MEDICUS for 1882 at \$6?*

*2. In what manner can you help to secure the INDEX MEDICUS against actual loss during 1882?*

The decision, which must be reached early in November, will depend upon the responses received to these two questions.

With the closing issue of the INDEX for this year, a statement of expenditures and returns will be published, together with a list of those who have supported the enterprise this year and (if the responses justify) of those who promise their support for 1882.

Communications in response to this circular should be addressed to

F. LEYPOLDT, Publisher.

13 and 15 Park Row, New York.

The *Alienist and Neurologist* for October is out. It contains 163 pages of highly interesting and really instructive matter. There is not a general practitioner in the land, that would not be greatly benefited in his daily practice by perusing its pages. We wish Dr. Hughes success in maintaining the present high standard of St. Louis medical literature.

Vol. I, No. 1, of the *New England Medical Monthly* is on our table asking for exchange. It is a well gotten up journal. It will fill a "want long felt;" for this reason, it will no doubt be a successful enterprise.

Dr. Tanner, of fasting fame, was reported as dead some time ago, having departed this life at Amsterdam, Holland. This report is false. The only original Tanner still lives and is even now in training for a fifty day's fast. He pronounces the report of his translation to victualles realms as an *Amster-dam* lie.—*Ex.*

DR. CHEYNE AND BEAU NASH.—When Cheyne asked Beau Nash if he had followed his prescription, his witty patient replied, "No indeed, doctor, for if so, I would have been dead." "How so?" asked the doctor aghast. "Because," said Nash, "I threw it out of the window."

The *Med. and Surg. Reporter*, Dr. D. G. BRINTON's, weekly, is one of the best journals of the East. Instead retrograding, as nearly all of the Eastern weekly's are doing, it is improving with each year.

## ARTICLE LXXIV.

## DEATHS AND RATE OF MORTALITY

*Per 1000 Inhabitants, Annually, in the Largest American and Foreign Cities,  
According to the Latest Returns.*

		Week Ending Oct. 1,			
New York.....	1,206,577	778	33.6		
Philadelphia.....	846,960	800	24.9		
Brooklyn.....	566,689	802	27.8		
St. Louis.....	350,523	144	21.4		
Chicago.....	503,304	263	27.2		
Baltimore.....	322,190				
Boston.....	362,555	106	28.2		
San Francisco, Cal....	233,266	81	18.1		
Cincinnati.....	255,708	104	21.2		
New Orleans.....	206,140	99	23.8		
Buffalo.....	155,137	128	41.4		
Cleveland.....	180,140	99	27.1		
Washington, D. C. .	180,000	99	26.7		
Pittsburgh.....	158,381	85	28.5		
Newark.....	136,400	67	25.6		
Detroit.....	116,342				
Milwaukee Wis.....	115,579	53	27.8		
Richmond Va.....	63,603	92	42.5		
New Haven, Conn....	63,883	23	19.2		
Charleston.....	49,999	36	27.5		
Memphis, Tenn.....	53,593	24	37.3		
Mobile.....	31,205	25	21.1		
Boulder, Col.....	3,069				
Galveston.....	22,252	12	22.1		
Indianapolis.....	76,074	30	20.0		
Springfield, Mass....	33,340	12	20.8		
Nashville, Tenn.....	43,461	19	23.8		
Sacramento.....	21,500				
St. Paul, Minn.....	41,498	26	22.5		
London.....	3,707,130	Sept. 17, 1,151	16.7	56.0	
Paris.....	1,968,806	Sept. 24, 947	24.7	70.1	
Berlin.....	1,122,571	Sept. 10, 469	21.1		
Vienna.....	731,191	Aug. 20, 365	26.0	63.9	
Buda-Pesth, Hung....	370,037	Sept. 10, 283	36.0		
Shanghai.....	3,000				
Cape Town, Africa....	35,000	Aug. 8, 24	35.8	60.0	
Liverpool.....	549,824	Sept. 17, 269	28.2	54.3	
Genoa, Italy.....	165,000	Aug. 27, 106	30.5	75.2	
Calcutta.....	429,525	Aug. 20, 181	21.9	68.8	
Hamburg (state).....	400,000	Aug. 6, 246	22.1		
Warsaw, Russia.....	379,763	Sept. 10, 235	44.5		
Brussels.....	406,688	Sept. 17, 167	23.3		
Stockholm, Sweden..	173,428				
Dublin.....	233,401	145	21.6	61.1	
Lyons, France.....	242,815				
Amsterdam.....	216,969	149	22.3	60.0	
Sheffield.....	304,229	90	16.4	61.5	
Leipzig, Saxony.....	151,616	82	17.2	64.0	
Breslau.....	273,000	Sept. 10, 157	20.6	60.8	
Copenhagen, Den.....	235,254	102	22.5	57.0	
Christiania, Norway..	120,000				
Alexandria.....	220,000	Sept. 17, 111	47.1		
Dresden.....	220,216				
Bradford.....	197,126	53	15.0		
Seville, Spain.....	138,000				
Tangier, Morocco....	15,000				
Rouen, France.....	104,209				
Dundee.....	155,100	43	15.3	63.9	
Geneva, Switz.....	50,223				
Prague.....	223,401	Aug. 20, 128	25.6	62.1	
Havana.....	126,437	Sept. 24, 159	49.0	81.9	
Vera Cruz, Mexico...	20,000	Sept. 25, 19	21.1	60.0	

METEOROLOGICAL OBSERVATIONS.

. By A. WISLIZENUS, M. D.

The following observations of daily temperature in St. Louis are made with a MAXIMUM and MINIMUM thermometer (of Green, N. Y.). The daily minimum occurs generally in night, the maximum at p. m. The monthly mean of the daily minima and maxima added and divided by two, gives quite a reliable mean of the monthly temperature.

THERMOMETER, FAHRENHEIT—OCT., 1881.

Day of Month.	Minimum.	Maximum.	Day of Month	Minimum.	Maximum.
1	64.0	68.5	18	48.5	51.5
2	67.0	74.5	19	44.0	57.0
3	73.0	81.0	20	43.5	57.5
4	69.0	79.5	21	44.0	69.0
5	48.0	63.0	22	48.5	70.0
6	50.0	71.5	23	58.5	66.0
7	62.0	79.0	24	47.5	50.5
8	68.0	85.5	25	44.0	67.5
9	62.0	73.5	26	50.0	68.5
10	55.5	71.0	27	52.0	63.0
11	52.5	72.5	28	56.5	65.5
12	68.0	77.5	29	57.5	71.0
13	56.5	59.0	30	55.5	60.5
14	55.0	77.0	31	45.5	58.5
15	69.5	83.0			
16	54.0	69.0	Means.....	55.9	69.1
17	65.0	81.0	Monthly Mean.	62.5	

Quantity of rain, 7.13 inches.

MORTALITY REPORT.--CITY OF ST. LOUIS.

FROM SEPT., 3, 1881, TO OCT., 1, 1881, INCLUSIVE.

Small Pox..... 1	Childbirth..... 4	Convulsions & Trismus Neonatorum 61	Syphilis..... 2
Scarlatina..... 14	Inanition, Want of Breast Milk, etc. 19	Hydrocephalus and Tub. Meningitis. 11	Apoplexy ..... 4
Pyæmia & Septicæ 1	Alcoholism..... 10	Meningitis & Encephalitis .... 27	Dis. fem. gen. org. 0
Erysipelas ..... 3	Rheumat'm & Gout 0	Other Diseases of the Brain and Nervous System 38	Surgical Operation 0
Diphtheria ..... 18	Cancer and Malignant Tumor..... 9	Cirrhosis of Liver and Hepatitis... 11	Premature Birth 6
Membran's Croup. 7	Phthisis & Tuberculosis, Pulmon 73	Enteritis, Gastro-enteritis, and Gastritis' ..... 83	Deaths by Suicide 11
Whooping Cough. 7	Bronchitis.. ..... 6	Bright's Disease and Nephritis... 17	Deaths by Accid't 20
Ovarian tumor.... 1	Senility ..... 31	Other Diseases of Urinary Organs. 3	Deaths by Homicide 6
Measles ..... 0	Pneumonia..... 15	Diabetes..... 0	Deaths by Congen Defor'ty 30
Typhoid Fever.... 23	Heart Diseases.... 29		Total Deaths from all Causes..... 833
Cerebro Spinal Fev 5	Other Diseases of Respir'y Organs 16		Total Zymotic Diseases ..... 296
Remittent, Intermittent, Typho-Malarial, Congestive & Simple Contin'd Fevers, 75	Heat Stroke..... 2		Total Constitutional Diseases..... 173
Puerperal Fevers.. 8	Marasmus—Tabes Mesenterica and Scrofula..... 77		Total Local Diseases ..... 262
Diarrhoeal Disea's 100	Other Const. Dis. 8		Total Develop'tal Diseases ..... 65
Other Zymotic Diseases ..... 3			Deaths by Viol'ce 37

CHAS. W. FRANCIS, Health Commissioner.

## Original Contributions.

## ARTICLE LXXV.

## NOTES OF CASES IN GENITO-URINARY SURGERY.

## —CASE No. III.—

**CHRONIC PROSTATO-CYSTITIS, DUE TO LARGE BUT DENSE STRICTURE OF THE PENILE URETHRA, AND STRICTURE AT THE BULB OF LARGE CALIBRE.—INTERNAL URETHROTOMY AT THE BULB. PERSISTENT ERECTIONS; LATE HEMORRHAGE.—COMPLETE RECOVERY.** By W. HUTSON FORD, A. M., M. D., of St Louis.

March 31, 1880. Mr. M. D. L., æt. 44, married: has had several children. Never had syphilis or gonorrhœa, he says. Of spare build, and with a haggard countenance. A native of Missouri. Complains of sleeplessness. Says that it has been his habit for years to retire at 9 P. M., getting out of bed again after sleeping two or three hours. He then sits up until three or four in the morning, and sleeps again until half past six or seven. He does not sleep altogether more than five hours out of the twenty-four. Is obliged to pass water three or four times during the night, and three times a day. There is no pain or tenderness in the supra-pubic region. The prostate is of normal size and sensibility; there is no rectal trouble.

Insomnia.

Frequent Micturition.

When a boy, was thrown violently from a horse astride a cow, does not know, however, that his urethra was wounded at the time. The urine is turbid at times. Sexual desire is imperfect and declining. Testicles very small. Was operated upon in St. Louis, some years ago, for varicocele of the right side. In 1869, he had a retention for forty-eight hours, brought on by grief for the loss of a child. Complains of excitability and nervousness, for which he takes bromide of potassium and chloral, though not every night. Suffers from pain and weakness in the back, especially when obliged, as a lawyer, to stand a long time in court. Advised nightly hot-baths, and section of the strict-

Sub-acute Prostatocystitis.

Old Retention.

Rachialgia.

ures after due preparation with the sound and otherwise. The urethra is very sensitive in its deeper portions. Circumference of penis,  $3\frac{1}{4}$  to  $3\frac{1}{2}$  inches. The estimated calibre of the urethra is 33.

April 1, B. B. 29 passes to bulb. B. B. 16 passes bulb with difficulty. The entire urethra is very sensitive. Urine highly acid; no albumen; not putrid: sp. gr. 1026. Got up to pass water but once last night. The urine lets fall a well-marked cloud of muco-pus. Ordered hot sitz-bath every night, and warm bath with skin-friction twice a week; the usual simple regimen, and gr. xxv. sod. bicarb., four times a day in Vichy water.

April 6, B. B. 32, passed without obstruction to bulb. The first two and a half inches of the urethra are exceedingly sensitive, notably a point half an inch beyond the meatus. There is a rugose dense stricture of large calibre  $3\frac{1}{2}$  inches down, of diameter 31. c. s. 29 can be passed into the bladder without a great deal of coaxing or much pain.

April 8. Band half an inch down divided to 35. c. s. 32 passed well through bulb. Sensibility of the urethra greatly diminished. Urine rather pale; devoid of odor; strongly alkaline from the soda he is taking. Scarcely any pain in the suprapubic region. Appetite good. His headaches are not so severe, but he scarcely sleeps at night. Urine deposits pus copiously. The prostatic region of the urethra is very sensitive to the sound.

April 13. B. B. 33 passes well. Three inches and a half down, B. B. 31 reveals the contraction spoken of above. c. s. 29 and c. s. 32 pass through the stricture and through the bulbar contraction. Passes water very often at night; every half hour or so. Ordered Pareira Brava.

April 15. Better; urethral tenderness scarcely noticeable, as far as the bulb. B. B. 12 only will pass the bulb, while c. s. 31 goes through the bulb with much difficulty and pain. The bulbous portion is painful and irritated by the use of sounds of too large a size. Internal urethrotomy will be performed soon.

Irritation  
of the Bul-  
bar Con-  
traction.

April 21. After due preparation with quinine and dieting, the bowels having been moved the day before with castor oil, internal urethrotomy at the bulb and  $3\frac{1}{4}$  inches down (peno-scrotal angle) was done to a diameter of 35. B. B. 33 passed readily. Dr. E. H. Gregory

Internal  
Urethro-  
my at the  
Bulb.

present and assisting. Compressor to perineum, penis splinted.

April 22. Doing well. Bleeding when he makes water.

April 23. Condition good up to 10 A. M. Getting up to go to stool, he felt acute pain at bulb, and had a severe rigor a few minutes afterwards. Rigor.

April 24. Doing well; no further rigor: bleeding nearly ceased.

April 25. No rigor: ordered a mild laxative and an alkaline diuretic; quinine.

April 26. Urine perfectly clear. Temperature normal.

8 P. M. After sitting up half an hour this morning, he began to have pain and difficulty in urination. This culminated in an attack of absolute retention next day. Retention.

April 27. Aspirated by supra-pubic puncture to 28 oz. at 11 P. M.

April 28. Better; c. s. 26 passed.

April 28, 8 P. M. Has passed water abundantly. Temperature 100° Pareira and soda. Quinine in reduced doses.

April 29. c. s. 28 passed. Urine clear. Temperature normal.

April 30. Urine turbid; no bleeding; temperature normal; no sound passed. Stream of water much freer. Cystitis persists; pain during micturition. Frequent erections.

May 1. Called hurriedly at 4 P. M. Copious hemorrhage from the bulb. Has lost a large quantity of blood. Applied my perineal tourniquet, which acted admirably, the bleeding being instantly arrested. Aspiration. Hemorrhage due to an erection. Aspiration at 4:30, P. M., and at 11 P. M. No further hemorrhage Temp. 101½° Hemorrhage on the eleventh Day.

May 2. No bleeding. Temperature and pulse normal. Bowels have moved. Cold applications to the perineum and penis to prevent erections.

May 3. c. s. 33 passed into bladder. Urine clear. The stricture at 3½ inches down refuses B. B. 33. It must be divided more thoroughly.

May 4. This contraction was thoroughly divided at my office with Otis' dilating urethrotome to 36. Otis' bulb urethrotome was tried but could not be made to work.

After this the urine rapidly improved, and his symptoms disappeared. He passed a week or ten days in the country, and

came back much improved. His complexion became clear and of a good color, within two or three weeks, and his pain and weakness in the back left him. He stated when he saw me last, that he slept all night, and was no longer troubled by excitability and nervousness during the day. He was taught to pass a 33 sound, and instructed in various points relating to his health.

Complete  
Recovery.

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### ARTICLE LXXVI.

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THE HISTO-PATHOLOGY OF SCARLET FEVER.\* By Dr. G. V. BLACK,  
of Jacksonville, Ills.

By the term Histo-Pathology, we intend to convey something more than is usually included under the term Pathology, or Pathological Anatomy. Under the latter terms it is common to describe the changes which have taken place in the course of a disease; but without special reference to the particular form of tissue primarily attacked, or the order of the passage of the disease from one tissue to another. Under the term Histo-pathology, we propose to study the individual disease, in relation to the individual tissues. We try to learn what tissue, or tissues, are attacked by preference by the individual disease, and what tissues may be attacked secondarily, either on account of continuity, or because of similarity of structure or function.

This mode of tracing diseased action, offers some peculiar advantages in the analysis of maladies, not provided by the more common modes of study.

By it we find that Syphilis, though so widely diffused, is confined to the connective tissue group, and affects the Epithelium, Brain, etc. only by the accident of occupying the connective tissue of the immediate neighborhood. That cancer is confined to the epithelium in its origin, and involves the subjacent tissues secondarily, by reason of the irritation which it induces. The constitutional causes, which induce inflammation of the menin-

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\* Read before the Tri-State Medical Society at Louisville, Ky., Nov. 9, 1880.



ges or the brain, do not necessarily induce inflammation of its substance. Again, that the causes which give rise to cerebral meningitis, usually induce spinal meningitis also; because of the near identity of structure and function. Hence, cerebro-spinal meningitis is common; while cerebral meningitis, or spinal meningitis, occurring alone are seldom seen. A pneumonitis does not necessarily cause a pleuritis, nor the reverse, notwithstanding the contiguity of the tissues. One form of rheumatism affects the fibrous tissues; another the voluntary muscles; but each form is confined to these particular tissues; and may occur wherever these tissues exist. If a change occurs, to the peculiar tissue of the heart membranes, there is also a change in the character of the inflammatory action. We mention these well-known examples of elective affinity of specific diseases, for specific tissues, as suggesting the benefits to be derived from this mode of study; and to show how closely we should keep in view, not only the microscopic anatomy of the parts, but also the origin and function of the individual structures; since all of these have to do in determining the course of the disease.

Therefore, in the present study, we deem it necessary to note briefly, the origin and development of the tissues involved in pathological change, that we notice the differentiations which arise; the special points of juxtaposition, and contiguity, at which we have found the disease to depart from the tissue of its election. We think this important to the full understanding of what we have to say; first, because of the little attention usually given to the subject by medical men; second, because of the great confusion of Histological terms now in use: especially, those designating the varieties of Thelia. For the sake of a clear understanding, we shall simplify these by using terms which shall express, as far as possible, the origin and function of the structures mentioned; rather than the more generally used nomenclature.

Before doing this, however, we will say that we regard scarlet fever as an epidemic, contagious disease; caused by a peculiar and specific poison; the first effects of which seem to be upon the constitution at large, acting probably as a blood poison; the final and characteristic feature of which, is a peculiar inflammation of the Epithelial structures. The symptomatology of the affection will only be noticed incidentally; nor will we make more than passing mention of some points in treatment; it

being our intention to confine ourselves as closely as possible, to the one subject of the Histo-pathology of the affection.

We begin with the Ovum. The first thing noticed, after the fecundation of the egg, is what is called its segmentation, which continues to divide the mass into smaller, and smaller particles, until it becomes a mass of globular cells. With the growth of the egg, these globules recede from the center to the periphery—leaving a fluid center—and form a membrane by the junction of their margins. Then a peculiar thickening occurs at one point, the germinal spot, at which point two membranes are formed. The Ectoderm, or external blastodermic membrane, and the Entoderm, or internal blastodermic membrane. Now, by a growth from the median line, (Primitive stripe) of the ectoderm, a third membrane, the mesoderm, is formed between the two first. Now, from these three primitive membranes, all the tissues of the body are formed, except the nervous structures, each membrane performing its especial task. From the Ectoderm and Entoderm, are formed the tissues of vegetative functions. From the mesial membrane, the tissues of support and motion, and the functional tissue of reproduction.

For the formation of the nervous tissues, two plates rise simultaneously along the back of the foetus, and arching over come together, forming a tube in which the structures are developed for the supply of the nervous function.

It is especially with the Ectoderm and Entoderm, that we have now to deal; and we must therefore note the tissues formed from each portion of them, and will call especial attention to their variations; for upon their proper appreciation, will depend our appreciation, of the peculiarities manifested by the disease under consideration.

The plates of the entoderm rapidly close together from each end of the Foetus toward the center, and finally form a straight closed tube, from which the intestines are developed from the cardiac orifice of the stomach to the rectum. All of the glands which minister to the function of digestion, except the salivary glands, are formed by buds from its epithelium, and the glands thus formed are all tubal glands, except three; the Liver, Pancreas and Brunner's glands. These tubal glands stud the walls of the intestine in every part, from the cardiac orifice of the stomach, to the rectum. Indeed the alimentary canal is one continuous gland. In the duodenum, the tubal glands are

longest, bifurcated, and coiled into an imperfect glomerule at their distal ends; in some measure, resembling the tortuous tubules of the kidney. In all other parts of the intestine, they are short, straight tubes, with wide open mouths. These tubal glands seem to be simple indippings of the epithelium, almost without change of Histological form, except, it may be the Peptic glands of the stomach. But in the Pancreas and in Brunner's glands, and especially in the Liver, there is a wide differentiation of the cells. In this system we find a peculiar columnar epithelium, which constitutes the epithelium of alimentation, a distinct type, performing a distinct function.

From the upper portion of the original tube formed by the entoderm, (or more correctly, from this portion, before the tube is formed,) we find large buds thrown out, which are destined to form the tubal respiratory system; the lungs, in which there is a distinct and radical differentiation of the columnar cell, which results in the columnar ciliated, or tubal respiratory epithelium. This becomes flattened in the air vesicles, and constitutes the vesicular respiratory variety. These are the functional tissues of respiration; and from them, are formed all the glands, and tubes, which minister to that function. These cross the upper alimentary tract at the Pharynx, a point of special interest in the present study.

From the external blastodermic membrane or Ectoderm, is formed the squamous epithelium; or horny covering of the skin, which constitutes a special variety. The derivations from it present various and wonderful modifications, which enable it to serve the animal in widely different forms. First, it forms the sweat glands, the only tubal glands of the skin proper, by buds, or ingrowths, from the inner, or Malpighian, layer of its cells; which form the functional cells of these glands. They seem to be without any special histological modification. It also forms, in this way, all the glands which minister to, or open upon the skin. All others being racemose or lobular, with distinct modification of the epithelium. At the same time and in the same way, by ingrowths, it forms the crystalline lens; the hairs, the nails, etc., by a wide differentiation of its cells. By similar ingrowths, but without marked change in its cells, it forms the meatus auditorius, the anus, a part of the urethra and vagina. At the same time that the respiratory epithelium, by an outgrowth, forms the nares; the squamous epithelium, by an in-

growth, forms the mouth : and crossing the tract of the former, follows the œsophagus down to its junction with the stomach. This forms the muco-squamous epithelium; which, in the pharynx comes in direct contact with the respiratory epithelium ; and, according to Krause, there is a change in the character of the cells of each as they approach each other, as if there were an effort to form an intermediate type—*Ebergangs epitel*.

In the mouth, this epithelium, the muco-squamous, forms the salivary and mucous glands—lobular—the tonsils and post-lingual glands—tubular. While the respiratory epithelium forms the Eustachian tubes and middle ear ; or tympanic cavity. The enamel of the teeth is formed, also, from ingrowths of the muco-squamous epithelium upon the gums.

The exact origin of the kidneys, and their epithelium, is not fully agreed upon by Histologists. They are developed very early, and in close connection with the reproductive organs ; and much time has been spent, by very able men, in the effort to clear up the cloud in which their origin is veiled. At present it seems most likely that the kidneys do not take their origin from the Wolffian bodies, as heretofore supposed ; and their epithelium is probably not from that source. The Wolffian bodies and the sexual glands are derived from the mesoderm. The kidneys are probably from the entoderm. Whatever may be the origin of the kidneys, the character of the glands themselves is clear. They are the most highly developed tubal glands in the body, and more nearly resemble the sweat glands than any other ; both are essentially tubal ; both have a glomerule, that of the kidney being the most highly developed. At one stage of the development of the renal tubules, they are precisely like the fully developed sweat gland. The kidneys would be closely represented by sweat glands, massed together. Their Thelia also very closely resemble that of the sweat glands, much more closely than that of any other of the tubal glands, unless be the Lieberkühnian glands of the duodenum.

Thus we substitute for the impericism which has for-ages selected the intestinal tract, and the sweat glands, for the vicarious elimination of urea, in disabled state of the kidneys, a well grounded reason, or explanation of the process. In many respects, however, the kidneys are essentially unique, both in structure and function.

There are several other varieties of thelia. The Pavement

or serious endothelium, the endothelia of the blood-vascular, and lymphatic systems; which are derived from the mesoderm; also, the pseudo thelia of the synovial membranes, and the peculiar ciliated thelia of the cavities of the brain, and spinal cord. None of these however are of special interest in connection with scarlet fever.

After this brief review of the derivation of these tissues, we will be able to understand each other in considering the disease in question, and the reasons for considering scarlet fever peculiarly an epithelial disease; as manifested in its typical lesions, their order of development, and their sequence.

THE RASH, is a prominent and typical phenomenon of Scarlet Fever. It is peculiar in the fact that it is an inflammation of a tissue, which in itself has no blood vascular system; and as far as is yet certainly known, generally no nerves; and cannot therefore, except secondarily, exhibit two of the four usual signs of inflammation: namely, redness and pain. Yet redness or a dull crimson color, is the distinguishing feature of the rash. This color, however, does not belong to the tissue inflamed, but is due to the expansion, or hyperæmia, of the capillaries immediately beneath: coming very close to, but not touching this tissue. It is here that we find an explanation of the peculiar color of the rash. The tissue inflamed being the epithelium, which has no bloodvessels, the capillaries themselves are not involved in the inflammatory process, but being very close to, and ministering to the nutrition of this tissue, through endosmotic, or lacunar circulation, outside of their walls, they are much expanded; so that the volume of blood just beneath the surface is much increased. The skin becomes hyperæmic, and this produces the blush. This however is a simple hyperæmia, a mere expansion of the capillaries, which are not farther involved in the pathological changes. This being the case, the free motion of the blood through them, is not so much impeded as in inflammations of the tissue supporting the vessels. The blood, therefore, retains more nearly the arterial color; and this showing through, and modified by the superimposed epithelium, gives the peculiar crimson color to this rash.

The punctiform appearance of the rash, seems to be due to its being originally seated in the sweat glands. At least this theory best explains the phenomena; especially, when taken in

connection with the light derived from postmortem examinations of these glands. Fenwic, (Ziemssen) found the basement membrane of the sweat glands thickened, the lining epithelium absent, or when present so increased in size, in many places, as to entirely fill the canal. Some of the glands were irregularly filled with blood. This may afford an explanation of the bleeding surfaces occasionally met with in scarlet fever. Niemeyer speaks of the sweat glands containing epithelial and fibrinous casts. These changes are all in the superficial layers, or glandular elements, the thelia; not extending beyond the basement membrane of the sweat glands, the corium being normal. These observations serve to show the serious nature of the involvement of the sweat glands; and afford a rational explanation of the well-known benefits derived from inunctions with oil, in this affection. The glands are blocked with epithelial, and fibrinous casts, sometimes even with blood casts; the outer ends of which become dried in the fever parched skin. Inunctions with oil, if they do not directly dissolve and loosen these casts, certainly tend to prevent their drying, and choking the mouths of the gland ducts; and thus enable them to empty their abnormal contents, affording great relief. From the sweat glands, which gives us the first red points—the punctiform appearance, the inflammation, as a rule, quickly extends to the epithelium between them; rendering the rash confluent, or involving the epithelium. But even when this is accomplished the color is often deeper at the original points, thus marking the more grave implication of the epithelium of the gland tubes.

We must not, however, conclude from the prominent character of these lesions of the sweat glands, that Scarlet Fever attacks them exclusively, for there is abundant evidence that it is not the sweat glands, as glands, that are the points of attack; but the thelia, especially the squamous, and its derivations which are but slightly differentiated therefrom. In support of this, we might refer to observations made in case of burns, and other severe injuries, in which large portions of the skin have been destroyed, in which case, the sweat glands are not reformed. In such cases it has been noted that the epithelium covering the cicatricial tissue, is even more seriously affected, than that of other parts. This is really what should be expected; for this epithelium is necessarily less strong, less robust, its nutrition is less perfect than that upon the normal skin; and

it succumbs more easily to the morbid action. Hence, it is occasionally noted that old sores, that have been for some time healed, have re-opened in consequence of the destruction of their epithelium. The well-known case reported by Landenberger is in point. A boy had a cicatrix from a burn, which occupied about two square feet upon the thigh, abdomen, and back, the skin having been entirely destroyed. In an attack of scarlet fever the cicatrix was necessarily involved. It became hyperæmic and œdematous; the epithelium perished over a large surface, leaving a flat ulcer. Thus we see that the scarlatinous process is in no wise confined to the sweat glands; but attacks the squamous epithelium in their absence, though the point of beginning seems usually to be in the thelia of these glands.

THE FEVER, in scarlatina precedes the rash from a few hours to a day or more. The mode of invasion of the rash suggests the thought that it and the fever may in fact, begin contemporaneously, and that the latter, is largely due to the former, although apparently preceding it. The first and most serious effect of the rash is seen in the deeper parts of the sweat glands, or in the tortuous glomerules at their distal ends. It will be seen that if the inflammation begins there, and the hyperæmia in the capillaries surrounding them, the time that elapses, between the beginning of the fever, and appearance of the rash, would be occupied by the progress of the inflammatory process through the thelia of the gland tubes to the surface. Hence we have a strong suspicion that the fever may be largely dependent upon the rash after all. We will speak elsewhere of those cases in which no rash appears.

We will now examine more particularly the condition of the epithelium. Merriott found that the epidermis was softened, and in persons dying during the stage of eruption, was more easily removed, than from those who died of other causes. Lächner, ascribes these phenomena to a chemically peculiar exudation in the rete Malpighii; the nature of which he could not ascertain. It seems not to have occurred to him that it was a true inflammation of the epithelial structures, though the changes he describes are such as would have been considered inflammatory if seen in the connective tissue. Fenwic found the rete mucosa quite thickened, the cells enlarged, and containing numerous round cells, large nucleoli; i. e., young epithelial elements lost from



their foot-stalks; showing the excessive and imperfect proliferation of new elements so common in inflammations.

These are the usual phenomena of inflammation; they show more than mere hyperæmia of the skin. The more marked changes are, first, in the deeper layers of the epithelium, in which the young cells are increased so rapidly, that they are pushed off from the basement membrane before they are fully developed; and later they are seen in the succeeding layers of the epidermis as small round cells among the swollen and overgrown cells, which have not lost their position so early in their growth. Mixed with these are also found many wandering cells, or Leucocytes which have penetrated the basement membrane and passed as far as the central portion of the epidermal layers. When these imperfectly developed cells begin to come to the surface we find them falling away in large flakes by reason of their imperfect development, and consequent imperfect union of the succeeding layers. Hence the desquamation.

Observers agree that the corium or true skin immediately beneath is found to be healthy, except in rare cases where isolated spots show signs of extension of the inflammation to the tissues beneath. These spots are of a darker color during life and mark the extension of the inflammatory process to the true skin.

[TO BE CONTINUED\*.]

\* In the continuation of this article in the next issue we will study the lesions of the epithelium of the alimentary tract, the kidneys, the Respiratory tract and the points of departure of the inflammatory process to other tissues etc.



ARTICLE LXXVII.

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TETANUS INFANTUM.\* By T. A. MARTIN, M. D., of Dalton Mo.

Mr. President and gentlemen of the Society, as I have been appointed to read an article on the above mentioned subject, I thought it best to begin the essay by giving the notes of a case of the disease which came under my charge the past winter.

On March the 16th I was called to attend C. T. S. aet. 5 days. The patient was a well developed healthy looking male child. The mother informed me that she had noticed nothing to indicate ill health with the child until the previous evening. Then she noticed that it could not nurse although it made strenuous efforts to do so. The inability she said seemed to arise from difficulty of opening its mouth sufficiently to admit the nipple of the breast. She noticed too that the child when it attempted to cry made a very peculiar whining and unnatural sound. She had given it a dose of castor oil which had acted freely on the bowels. A normal amount of urine had been discharged.

When I first saw the child it was lying in the nurse's lap and upon a casual and slight examination I concluded there was little or nothing wrong with him; but upon moving it slightly, I noticed a spasmodic contraction of the muscles of the face, and also of the flexor muscles of hands, forearm and arm. The contraction of muscles of the face producing the Risus Sardonius or sardonic grin, so characteristic of tetanus. At the same time, I noticed the unnatural whining cry mentioned above.

The cord was off and the navel nearly healed, and I could detect nothing abnormal in this situation. Upon examining the head, I detected an inward displacement of the occipital bone, more marked upon the right side. The convulsions when the child was left quiet occurred about every half hour; but

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\* Read before Moberly District Medical Association.

the slightest movement, the touch of a handkerchief upon the face would produce them.

**DIAGNOSIS.—TRISMUS NEONATORUM.**

**TREATMENT.**—I directed that it should be fed frequently of breast milk, that it should be laid upon its side, and that a warm bath should be given it, and after bathing it to keep it as quiet as possible.

In addition I ordered :

℞ Chloral Hydrat.....grs. **xx.**  
Syr. Auranti Cort  
Aque.....aa **℥ss.**

Sig. A teaspoonful every three or four hours.

March 17th. A. M. The convulsions have continued through the night increasing in frequency and in severity. They are now, almost constant; inhalation of chloroform has no perceptible effect in lessening either. I find that little or no medicine has been administered on account of patient's being unable to swallow. The contact of the spoon on the lips always producing a spasm, causing the fluid medicine or milk to be forcibly ejected from the mouth. The patient is comatose and its demise is evidently imminent.

March 17th. P. M. Dr. Dewey saw the patient with me this afternoon and concurs in diagnosis, but as his condition was obviously hopeless no farther treatment was attempted. The child died on the night of the 17th. about forty hours from commencement of attack. The patient's grand-mother who was present informs me that her daughter lost a child affected in precisely the same way about one year ago. It was attacked when five days old and lived about forty hours. No physician was called and no treatment given.

Trismus nascentium is a neuropathic disease characterized by convulsions, usually begining by spasmodic contraction of muscles supplied by the fifth branch of facial and portio mollis of the seventh pair of nerves. It is one of the earliest and one of the most fatal affections incident to childhood. It usually occurs between the 3rd and 10th day. It closely resembles tetanus as it occurs in adult life in many of its features; differing however materially as to cause. This disease is nearly always in the latter, due to traumatic origin; whereas, the malady occurring in

infancy is most frequently idiopathic in the beginning, unless we could consider the abscising and subsequent sloughing of the cord a traumatism. Our knowledge of this disease is but little in advance of the physicians of one hundred years ago.

It is a notable fact that it is a much more frequent affection among negroes than with our own race. This I believe to be due not to any inherent tendency or predisposition on their part; but mainly caused by their well known want of cleanliness, and their utter disregard of sanitary laws, and hygienic surroundings.

**CAUSES.**—Unfavorable hygienic surroundings I believe to be a most prolific cause in producing this disease; in this particular bad ventilation, breathing impure and vitiated air should probably rank first. This fact was most forcibly brought to the notice of the profession as long as A. D. 1798, by Dr. Joseph Clark, then physician in charge of the Dublin Lying-in Asylum by a paper read before the Royal Irish Academy of Medicine. In that article he showed that previous to the year 1782, of 17,650 children born at that institution, 2,944 or about one sixth had died during the first two weeks of life, and that the great majority of these early deaths were due to this complaint.

At his instigation and through his instrumentality, better sanitary regulations were enforced, better ventilation procured, and the result was, that from the time of the presentation of this essay, and the adoption of these sanitary measures, the death rate was lowered from one sixth to one in nineteen. Great and sudden variations of temperature is another assignable cause; as the disease is more frequent in those seasons of the year when warm days are succeeded by cool or cold nights. Exposure to drafts of air, to contact of damp clothing, have all been mentioned as a cause. A case exemplifying in a marked degree the latter, was reported in the *Southern Journal of Medicine and Pharmacy*, in 1846 by Dr. P. C. Gaillard.

For many years past, disease of the umbilicus either ulceration or inflammation has been considered as the most frequent cause, and Smith says in his summing up of causes, that inflammation of the umbilicus and umbilical arteries and veins is the most frequent lesion found.

Consequently, some writers claim that it is non-attention to or improper dressing of the cord that causes this disease.

Marion Sims, in 1846, in an article published in *Am. Jour. Med. Sciences*, said that trismus neonatorum, was of centric origin and attributed its occurrence generally to pressure upon the medulla oblongata, caused by an inward displacement of the occipital bone.

Retained meconium has caused, it has been said, this disease.

**ANATOMICAL LESIONS.**—The cerebral capillaries are usually much distended with blood. Not infrequently they are found ruptured, and extravasations occur; serous effusions into ventricles, and into sub-arachnoid space are usually found. The meninges of brain and cord are generally greatly congested. The cerebral substance is frequently softened.

**MICROSCOPIC APPEARANCES.**—The constant anatomical lesion of the cord, is a proliferation of the connective tissue. It is a viscous mass abounding in nuclei, and found almost exclusively in the gray substance. (Meigs and Pepper. Diseases of children.)

**SYMPTOMS.**—There are usually no recognizable premonitory symptoms. The first evidence generally, is an inability to nurse the breast. This is soon followed by the peculiar cry, and risus sardonicus; the attack is generally gradual and insidious.

**PROGNOSIS.**—The prognosis is eminently unfavorable. Some authors have stated that they have never seen or known of a recovery. From a well established case, some idea may be obtained of its fatality, from the fact that, J. Lewis Smith was able to collect data of but 8 cases of recovery, and this is a disease that prevails extensively in some localities.

**TREATMENT.**—This disease verifies to a greater degree probably, than any other, the old adage than “an ounce of prevention is worth a pound of cure.” Therapeutic measures in established cases, have nearly always been futile. Dr. Gaillard has reported two cures effected by the use of tinct. of cannabis indica; to one child 8 days old, he gave in one day, a half-ounce of this medicine with good results. Wo. rari is highly spoken of by some writers. Ext. conium and chloral hydrate, are probably the best remedies in this disease. The latter when it is impossible to administer by the mouth, should be given by injection in sufficient doses to arrest the muscular rigidity, and control the convulsive seizures. Three or four grains injected into the

rectum every 3 or 4 hours would probably be sufficient. The cause should be sought for, and if possible, removed. If it be due to retained meconium, a brisk and efficient purgative would be indicated, and should be given. The child should be laid upon its side, and the most perfect quietude enjoined. During convulsive seizures, anesthetics are admissible; of these sulphuric ether is probably the safest and best.

As this is a disease of early and rapid prostration, sustaining measures should enter largely into the treatment. If the child is unable to draw the milk from the breast, as is frequently the case, the milk should be drawn, and fed to the patient. If breast milk is not obtainable, the best substitute procurable should be given, either per orom or per rectum.

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#### ARTICLE LXXVIII.

**MOTHER-MARKS.—CAN MENTAL EMOTIONS OF THE MOTHER AFFECT THE FŒTUS?\*** By G. M. DEWEY, M. D. Keyesville, Missouri.

The vulgar and some Doctors have believed this in all ages. The Bible has contributed not a little to further this belief. Esau, Jacob's twin brother, the Scriptures inform us was "red all over like a hairy" garment. In fact, Esau was a hairy man and Jacob a smooth man. What Esau's mother saw or what mental emotion could have made Esau hairy and Jacob smooth is hard to say. Both seemed to have had an equal chance to have been hairy. Jacob was a strong believer in sights and mental emotions marking the fœtus. And he believed the marking occurred at conception. So he put peeled poles before the eyes of the stock at the watering places. The contract with his father-in-law was that he (Jacob) was to have all the spotted and ring-streaked and striped stock and the other man all the solid colored. The result was Jacob gobbled up nearly all the stock. Now whether these peeled poles or the introduction of a spotted bull made these cattle spotted and ring-streaked and striped is hard to say

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\* Read Before Moberly District Medical Association.

Longings and wanderings are credited with marking the foetus as well as sights and frights. I have often been shown blackberries and strawberries and cherries on children (so called by the mother). Now these marks no more resembled the fruit the mother said they did than they did a tumblebug. A few years ago I was called by the parents to see a pair of fine twin babies. These parents were Germans. One child was a pure Teuton as fair as an albatross; the other seemed to hail from Timbuctoo or Zanguebar. The latter had kinky hair, pug nose, dusky scrotum and copper skin. The hollow of its foot would make a "hole in the ground." The women in the neighborhood and the husbands "kin" are making a good deal of fuss about this *freak* of nature. So I was called in to decide whether all was all right. The husband and wife seemed desirous to go on in peace. So I gave a very gracefully, written opinion which was that this marking business had been believed in by all civilized nations since the birth of Jacob and Esau. That nobody doubted Rebecca's virtue. Yet she had twins also, one of whom was hairy all over which was a more marvelous *freak* of nature than a pigmentary deposit. This opinion gave supreme satisfaction to the bewildered husband. The woman had a very satisfactory way of explaining this strange phenomenon. She said one gloomy night when the stars were hid and the moon had gone down in the far west when she opened her door to go out she was confronted at the door by a gentlemen from Africa. She was very much alarmed and nearly fainted at the sight of this *sable* ghost. (She was then three months pregnant.) That her fear had not fully subsided when these twins first beheld the light of this mundane sphere. She thought Nature was no more *freaky* in her case than in Rebecca's.

Tear followed tear anon apace  
Down o'er his virtuous mother's face  
I saw she had a righteous claim,  
'That nature only was to blame.  
'Tis just as easy to conceive,  
'Tis just as easy to believe,  
If Nature by a little scare  
Could coat one's body o'er with hair  
Why would she not as well be able  
To make one's skin a little *sable*?

*The Richmond and Louisville Journal* for Feb. 1870 contains the following by T. J. Williams:

"Mr. W. my uncle once employed a Miss Huffman as teacher in his family. Her powers of mind, virtues of heart, and charms of person could not be excelled. Her right inferior extremity however was some three inches shorter than her left. She had a lustrous brow and a laughing blue eye. Mrs. W., who is one of the kindest and most affectionate of women, formed an attachment to Miss H. which was perhaps as holy as that which bound Damon and Pythias together. Becoming enceinte she gave birth to a female child whose right leg like that of Miss H. was three or four inches shorter than her left, and one eye is brown and the other blue. The girl is now grown, and could hardly be distinguished from Miss H. were they of the same age."

*The American Journal of the Medical Sciences* for Jan. 1881 contains an article\* from Dr. Wm. Hunt, Surgeon to the Pennsylvania Hospital, Philadelphia with a drawing. A woman eight and a half months pregnant was badly burnt on her arms legs back and abdomen. She was burned on May the 8th and died on the 15th. The woman gave birth to the child on the day following the burn. The foetal heart sounds were heard up to 4 hours of its birth. This child was blistered and burnt to the same extent and in places almost exactly corresponding to the injuries on the mother. The blisters on the child were standing out fresh and full, as though recently formed, and in places the burn was deeply involved, as on the mother. The Dr. says many explanations were suggested. Such as pemphigus, syphilis, maceration etc. But upon examination none of them fitted the case. Now this is a pretty tough one but is attested by the officers of the hospital and by Prof. Penrose, Drs. E. A. Spooner, Albert Fricke, A. P. Harris, W. S. Forbes, W. B. Atkinson, J. C. Wilson and the well known dermatologists Duhring and Van Harlingen. This case seems to show that marking may take place very late in pregnancy.

July 18th 1881 I was called to see Mrs. G. aged 22, mother of one child. She thought herself 8 months pregnant. The waters were discharged before my arrival and from the signs present there must have been an unusual amount. The lady informed me she was not at full term but that for the past two weeks she had enlarged very rapidly. She said she felt the foetal

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\* See JOURNAL, Feb. 1881, p. 214.

movement and hoped to have a living child yet she feared it would not be all right, as she had when three months pregnant been badly frightened by a hog walking the street with the hair nearly all scalded off. An aunt of Mrs. G. informs me that Mrs. G. ran into her house when this fright occurred—that she came crying and seemed in great distress. I informed my patient that no doctor with the brains of an oyster believed in this marking. On digital examination I found what appeared to be the bag of waters presenting and so informed the woman, concluding the discharged waters were false waters. When the os was pretty well dilated and the membranes seeming to protract the labor, I endeavoured to rupture them by scratching with my finger nail. This failing I punched a hole through them with a pencil. I thought the membrane unusually tough. About a pint of water followed. By the touch now I failed to make out the presentation, in fact, no part presented. The pains were pretty strong and in an hour or so I could feel something presenting but could not tell what it was. I knew it was not a head, or foot, or hand or knee or breech. In fact, the presenting part felt to me like a mixture of placenta, fried oysters and gats. The pains being strong the foetus was soon expelled. It would probably weigh 6 pounds. The presenting part was the abdomen. There was no abdominal wall. No integument or muscles; all was open from the ensiform cartilage to the pubis. The liver, stomach, and kidneys were what I had felt by the touch. The body and legs were expelled together the head and placenta came last and together. The head looked as though cut off just above the ears, leaving the base of the brain. There were no frontal or parietal bones; no scalp or brain membranes. There were connected with the spinal cord two substances some three inches long and an inch broad. These bodies felt and looked more like placenta than brain. In place of an umbilical cord there was some connective substance containing the vessels. This was about three inches long. There was an acute anterior curvature of the spine in the lower lumbar region. This may have caused the abdomen to be the presenting part. The bones of the face were well formed and the eyes bulging. There was no anus or genital organs. The integument covering the buttocks and thighs extended smooth from the sacrum to the pubis and from one ischium to the other. There was no sign of life in this foetus, if it be proper to call it a foetus.



Now, I suppose the books teach that this was a case of arrested development. This is a reasonable explanation. But what had the fright the woman received at her third month to do with this arrest? If the fright produced these deformities it did it after the third month when the foetus should have been all right with a scalp and abdominal muscles. If the arrest took place from the scare the mother received it could only be done by cutting off nutrition to these affected parts, by cutting off the blood going to these parts. If this occurred, death of the parts and gangrene would have resulted and the death of the foetus also. I therefore conclude that these deformities date from the commencement of foetal life. And to attribute them to fright or scare or longings, is to expose one's ignorance of the laws of human development.

**Translations.****ARTICLE LXXIX.****FROM THE FRENCH.**

**EXCERPTS FROM LATE FRENCH JOURNALS.** [Translated for the JOURNAL.] By A. H. OHMANN-DUMESNIL, A. M., M. D., of St. Louis.

**RUPTURE OF THE LONG HEAD OF THE BICEPS.**—Dr. Louis Poisson has a case of a laborer aged 52. The day before entering hospital the patient was engaged in unloading a vessel and had to push a wheelbarrow upon an inclined plank. The barrow turned and fell in the water. Boulch, the patient, let go with his right hand, but, with the left arm he made a violent effort to hold it and, at the same time, to maintain his balance. He said he felt something give way in his arm and let go his hold.

The following was his state next day: No ecchymosis about the arm. The subject is thin and well muscled. At the juncture of the lower and middle third of the anterior surface of the fore-arm, there exists a round tumor in a state of repose, but whose transverse diameter becomes greater during the contraction of the anterior muscles of the arm. When the patient is ordered to bring his hand to his mouth, and his fore-arm is held to prevent it, the tumor becomes hard and lower down by several centimetres. The tumor is about six centimetres in all dimensions.

The author thinks that the rupture took place on a level with the insertion of the muscular fibres in the long tendon which forms this extremity of the muscle. The short head is not ruptured.

The case is curious because, it is a rupture of the biceps, which is a rare occurrence; on account of the seat of rupture, on a level with the insertion of the fibres; on account of the absence of ecchymosis; and because diagnosis was so easy in this thin but muscular man.

All attempts at treatment have proven of no avail.—[*Journal de Méd. et de Chirurg. Pratiques*.

CONTAGIOUS PERIPNEUMONIA AND PREVENTIVE INOCULATION.—M. Leblanc declares himself opposed to inoculation and bases his experience upon a large number of observations. The following are his conclusions :

1. Contagious peripneumonia of cattle may develop itself spontaneously in certain countries, and under certain influences known for the last century.

2. The effects of inoculations present such variations as much in regard to evolution as to intensity and secondary accidents, that they cannot be regarded as analogous to those obtained in other diseases.

3. Inoculation with pulmonary serum does not provoke an analogous affection, even in an attenuated form, and in case of death, none of the characteristic lesions of the disease are present.

4. Inoculation, in many cases, is powerless to confer immunity even for a short time.

5. The preservative power cannot be longer than six months as the experiments in re-inoculation tend to show.

6. The strict execution of the measures prescribed by sanitary regulations would give as satisfactory results and less costlv.—[*Paris Médical*.

POISONING FROM EUPHORBIA LATHYRIS.—E. Sudour and A. Caraven-Cachin were called to see a child aged 9, who had eaten the seeds of Euphorbia Lathyris. An astringent and opium treatment brought great relief. The two physicians then made experiments upon themselves with the following results :

1. The active principle contained in the seeds of Euphorbia Lathyris belongs to the class of drastic purgatives. It is unequally scattered in the different seeds, some being very poor and others very rich in it.

2. Vomiting almost alway precedes purgation even when taken in a small dose. Its action may manifest itself in forty-five minutes; but it may be greatly retarded and not show itself until three hours after ingestion.

3. The seeds act by producing an irritation of the mucous membrane of the digestive tract. This action is principally felt

in the large bowel and in the pharynx, as an angina, when mastication has being somewhat long.

4. In large doses this substance produces toxic effects, which may be divided into three periods: the first is that of chill (vomiting, diarrhoea,) the second, is excitation (nervous phenomena, vertigo, delirium,) and the third is that of reaction (heat, abundant perspiration).

5. Opiates constitute the best and most prompt means of combatting the ill effects.

6. The doses given in different works (6 to 12 seeds) are too high; in such quantity they might occasion extremely serious gastro-intestinal irritation. This substance, very active and difficult to measure ought never to be employed in medicine.—[*France Médicale*.

**MICROBION OF DIPHTHERIA AND ITS CULTURE.**—M. Talamon has succeeded in isolating the microbion of diphtheria in six individuals affected with membranous angina. He cultivated this microbion and inoculated rabbits who died, it is true, without presenting the characteristic lesions of the disease. But young cats having been confined in the quarters in which the rabbits had lived, after inoculation, contracted diphtheria and died of it. On postmortem examination, false membranes, presenting all the characters of the diphtheritic, were found in the pharynx, larynx, trachea and bronchi. On microscopie examination the same microbion were found.—[*Annales des Maladies de l'oreille etc.*

**ENDOTHELIUM OF THE IRIS.**—M. Quioc presented to the Société des Sciences Médicales de Lyon, histological preparations intended to demonstrate, by treatment with silver, the endothelium of the anterior surface of the iris. The specimens demonstrate the existence of this endothelium, which has been denied by some authors; it further shows that by its oak leaf shape, this endothelium is allied to that of the lymphatics, which fact is explained by M. Quioc, as being in consequence of the mobility of the iris.—[*Lyon Médical*.

**THE VALUE OF DIFFERENT ANTISEPTICS.**—Prof. Chirone, after having made a large number of spectroscopic observations on blood treated with different antiseptics comes to the following conclusions:

a. In order that the experiments may take place it is necessary that the antiseptic should not decompose the blood, as is done by sulphate of alumina, tannic acid, etc.; they must not give a special color to solutions and a spectrum of their own as permanganate of potash, sanguinaria, etc., do.

b. Spectroscopy has demonstrated that there are substances preventing final decomposition of the blood (antizymotics or antiputrids) and substances preventing its deoxidation (antireductives,) this being considered the starting point of the putrefaction of blood. Besides, there are substances having both properties.

c. There is not a constant relation between the antireductive and the antiputrid power of substances: thus, arsenious acid, which holds the first rank as an antizymotic, would rank last as an antireductive agent.

d. The substance exercising both actions is *par excellence* chloral hydrate.

e. Those opposed to deoxidation may be placed in the following order: 1. chloral; 2. quinine; 3. salycin; 4. berberine; 5. hypochlorite of soda and lime; 6. floridizine; 7. esculine; 8. cinchonine; 9. cetrarine; 10. salicylate of soda; 11. strychnine; 12. caffeine; 13. sulphite of soda and lime.

These substances combine with the albuminoids of the blood and precipitate them; and preserve unaltered, for a greater or less time, the now precipitated part. They exercise their antireductive action on the blood, even when, having been absorbed, they are scattered in the circulation. Their action is more energetic the more fresh the blood is.

f. The substances which prevent final decomposition of the blood may be enumerated as follows: 1. chloral; 2. arsenious acid; 3. arsenite of soda. Boric acid, borate of soda and lupulin act in the same manner, but with very much less energy.—*[Réveil Médical.]*

POLYP OF URETHRA IN A LITTLE GIRL.—M. Després had a little girl, aged 8, brought to his clinic at the Charité for a metrorrhagia. Upon examination, he found at the vulva a tumor as large as a filbert, which occupied the opening of the hymen and almost completely obliterated the urinary meatus. With the canula of a trocar and some silver wire, M. Deprés improvised a wire-loop with which he detached the tumor. It

proved to be cystic, containing black blood. It was evidently a vesicular, vascular polypus very rarely observed, up to the present, in France, as occurring in little girls.—[*Gazette des Hôpitaux*.

STERILITY IN BOVINE TWINS.—It has been observed that when one of the twins is male and the other female, the latter is always sterile there being a mal-formation of the generative organs. The question has been asked whether the same condition of affairs has been noted in the human race under similar conditions.—[*Journ. de Méd. et de Chirurg. Prat.*

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#### ARTICLE LXXX.

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#### FROM THE SPANISH.

#### ALCOHOL AS AN ANTISEPTIC IN THE TREATMENT OF WOUNDS.

By Dr. J. R. Sauri. [El Alcohol como Antiseptic en la Curacion de las Heridas. *La Emulacion*, Merida, Yucatan, July, 1881.] Translated for the JOURNAL. By JOSEPH WORKMAN, M. D., Toronto, Canada.

[CONCLUDED.]

As a rule I prolong the treatment by alcohol 12 to 15 days, and then I substitute cerate or glycerine; but in some cases I judge it well to continue it even a month, when there exists an indication for the prolongation, and the patient, or the hospital could bear the expense, which in itself is very heavy.

Some of my own observations and others recorded in the general hospital by my distinguished pupil, who is now the licenciato Severiano Gongora, will best show the good results obtained by this agent.

OBSERVATION FIRST.—Cutting off of the fingers, and division of the cubito-carpal left articulation. Recovery.

Francisco G., a native, aged 18, having, in dressing hennequen in a machine, imprudently exposed himself, was caught by the left hand, by the principal wheel, one of the blades of which

severed the four fingers, whilst another divided the articulation of the ulna with the hand, leaving the wrist only hanging by its articulation with the radius.

In spite of the indication given at first sight, to amputate in the lower third of the fore-arm, I decided to wait, and to join as well as possible the separated parts, and removing some splinters, I applied over the whole wound a large covering of folds of lint steeped in alcohol of 22°, sustained by a bandage. This simple application, renewed every day, and constantly kept moist with alcohol by the patient himself, sufficed not only to avert every trace of inflammation in the wounds, or of general reaction, but further to produce their rapid cicatrization, so that in 15 days they appeared covered with fleshy prominences without suppuration, and at the end of 38 days the patient found himself well, and was able to realize some movements of the hand.

OBSERVATION SECOND.—Fracture of the femur and tibia, subperiosteal resection. Care. José G. Colli, native of Cansahcab, Yutcatan, aged 30, married, of good constitution, and by occupation a car driver, entered the general hospital of this city on 22nd December, 1879.

Two days before, whilst conducting a loaded car, he fell under the wheels, which caused a simple fracture of the femur in its middle part, and another double one comminuted and complicated with a wound in the second third of the tibia of the same side; the solution of continuity gave passage to the upper portions of this bone and of the fibula, over an extent of two centimetres.

At the time of our professional examination, the thigh was found swollen and the muscles were considerably retracted, from which it was impossible to attempt reduction; I therefore merely ordered fomentations with the tincture of arnica, and sub-acetate of lead, and internally 50 centigrams of Sulphate of Quinine. The wound was simply dressed.

On the day following I proceeded, with due caution to reduce the fracture of the femur, not succeeding without great difficulty because of the state of the parts. I applied three splints (*ferulas*) and a bandage and compress. As to the tibia, I extracted from the wound several splinters, and set right various embridlings on the margin, which were causing strangulation of the tissues. The wound was then washed with a strong decoc-

tion of bark, and covered with folds of lint steeped in alcohol of 21°.

On the succeeding days the state of the patient was satisfactory; due to the use of tonics, good diet, and special care bestowed on him; but his indocility in bed obliged me three times to coaptate the broken ends, which consolidated at the end of 20 days; I was unable to prevent over-riding, and in consequence there ensued a manifest shortening. In the mean time suppuration in the wound went on, and a month after the accident, the extremities of the bones fractured were seen uncovered; in consequence of which, as no other indication that could meet the situation, prevented, we proceeded to the surgical process demanded, in the following manner:

On the 25th of January 1880, after chloroforming the patient, in presence of my esteemed confreres Drs. Patson and Molina, and the students of the hospital, I made an incision of 12 centimetres in extent, from the lower border of the wound, uncovering the body of the tibia and the corresponding part of the fibula, carefully dissecting the periosteum over the whole circumference of the bone, till recognizing the presence of the unaffected texture, I placed a large grooved curved sound in the convexity beneath the bones, with the object of serving as a protection to the textures which I desired not to injure. By means of a thin bladed saw we took off a portion of the bone measuring eight centimetres, separating afterwards a fragment of the dissected fibula, by means of a strong pincers, thus adjusting the whole circumference.

The wound, after repeated washings with fresh water, was brought together by figure of eight sutures, and cleansing with decoction of bark was ordered, followed by the treatment with alcohol as before described.

I continued the use of internal tonics. The general state of the patient improved in the subsequent days, so that at the end of twenty he had gained flesh, and the solution of continuity, now reduced, permitted the extremity of the bone, slightly necrosed, to be seen; gentle tractions with forceps detached the diseased part, and very soon the wound was covered with fleshy vegetations which brought about complete cicatrization. On 4th of April, two months after the operation, and three months and thirteen days after his entrance into the hospital, this patient was discharged in the following condition:



There was continuity of the tibia and fibula in their whole extent, without any difference in the length of the two legs, measured from the rotular-tuberosity to the malleolus externus. There was no spontaneous pain, nor did pressure produce any. The limb, regarded in its entirety, presented a notable shortening, which was due to the irregular union of the fragments of the former, resulting from the indocility of the patient, as before mentioned.

**OBSERVATION THIRD.**—José Rupeto, Us. native of Abalá, Yucatan, aged 18, of good constitution, and by occupation a laborer, was brought to the general hospital on the night of 20th September, 1879. Through carelessness in working at hennequen dressing, his right hand was introduced into the wheel with blades, which tore away all the upper limb as far as the scapulo-humeral articulation, carrying off besides the exterior third of the clavicle and the acromion process of the scapula.

The textures thus torn, left however a small portion of the skin of the anterior part of the thorax, hanging at the level of the insertion of the pectoralis major. On minute examination of this extensive wound, the axillary artery was observed at its origin, and a ligature of precaution was put on it; we then proceeded to adjust, as far as practicable, the contused soft parts; the extensive wound was wetted with alcohol, and the treatment with folds of lint steeped in alcohol, and retained by bandage, was pursued. Internally infusion of lime tree 120, with elixir of opium 2, two tablespoonful every two hours.

On the following day he was ordered, because of febrile condition 50 centigrams of Sulph. Quinine and barley. water *ad libitum*. The application of alcohol was continued, taking care to keep the lint folds constantly moist with it, and to change them every 24 hours. On the sixth day small portions of liquefied muscle and sphacelated skin began to separate, and some small splinters came away. Quinine wine was ordered internally. On the 31st of October, 40 days after admission, the stump had completely cicatrized, and the patient was discharged.

In some cases in which we have been obliged to restrict ourselves to the adjustment of the wounds, the cicatrization has been tardy, and we have been much aided by several epidermic engraftments which accelerated the new formation of skin.

As we have said, previous to 1878, almost all patients undergoing amputations, perished by purulent infection and other accidents; we have now succeeded in reducing the mortality to such a degree that in the past year we have had in the general hospital 14 amputations, giving only two deaths, and in private practice 6 amputations, all ending well. In this year, up to the present date, we have had 6 amputations; 4 of the upper and 2 of the lower extremities, and we have not had to lament any failure.

It is true that we have procured improved hygienic conditions, but the alcoholic treatment has contributed highly to our success and we do not hesitate to recommend it to our confreres in the art, as well as to the proprietors of haciendas, in which the primary treatment generally falls on unscientific persons.

J. R. SAURI.

Mérida, June 1881.

**Proceedings of Medical Societies.****ARTICLE LXXXI.**

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**ST. LOUIS MEDICAL SOCIETY.****Necrosis of Mastoid Process.****SATURDAY, Oct. 15, 1881.**

**DR. POLLAK:**—If there is nothing before the society, I will show some nice pathological specimens. I am sorry I can't give the early history of the case; I don't know it. A little girl about five years of age was brought to the clinic, with an affection of the ear. The face was distorted—drawn one side; there was suppuration of the ear, the meatus and also over the mastoid process. I examined it and found a fragment of bone which I detached, I also saw that there was necrosis of the bone, a portion of which came out. The helix was projected enormously, large quantities of pus came from the posterior portion of the helix. I could reach a part of the bone with my finger and removed it; I took a pair of forceps and removed another piece, then I took out still another piece, making three distinct pieces in all. The two first are clearly the mastoid process almost entirely; the third piece is the largest part, the bony part of the external meatus. The history of the case as I gleaned it is this: the child was first taken sick three years ago with a submaxillary abscess, on the left side I believe it was, and then afterwards an abscess formed on the right side. A large amount of matter constantly escaped from the ear. The physician in attendance told the parents that the child would be no better until the bone came out. What he meant I don't know, it may be the parents did not express themselves very well. They were not satisfied with that statement, and they went to another gentleman who has made otology a study, and he said there was a polypus, and that the ear wouldn't stop running until this was removed, but that as the child was so young, it would have to wait until it was seven years of age before the polypus could be removed. That is all I know of the history of the case. The

history as related by the parent. I believe both of these physicians were right. There had been a suppuration of the middle ear, with rupture of the membrane, and the drum head evidently was destroyed. I believe the gentleman was right who said there was a polypus, because polypi will always grow in this inflammation of the middle ear; but why it should not be removed until the child was seven years old, I don't see. I believe there are any amount of polypi in the cavity. While removing these bones, I put my little finger in and found the cavity smooth and soft. There was nothing rough about it at all. I took out a considerable quantity of polypi, but it bled freely, and as the child had to be put under the influence of an anæsthetic, in order to do anything with it, I desisted finally. I would like the members to see the specimen and tell me what it is. I really can not make it all out. There seems to be a portion of the promontory of the tympanum. I saw this child on Tuesday, when I removed these pieces of bone, and on Thursday the opening in the mastoid process had largely decreased, and the opening in the helix had subsided. I could pass a probe through the helix and it would come out at the opening in the mastoid process, or I could pass it through the opening in the mastoid process and it would come out at the helix. The opening in the helix has entirely closed, and that in the mastoid process has been reduced, and I have no doubt will cicatrize in a few days. It is very difficult to get the history of the case, as it seems the people lie willfully about it. The mother brought the child to me on Tuesday and told me it had been sick only a year; on Thursday the father came with it and said it had been sick three years.

DR. HURT.—What is the condition of the function of the organ?

DR. POLLAK.—It is most likely deaf, I can't tell. The child did nothing but scream, and I had to put it under an anæsthetic to get the bones out. Am satisfied it does not hear. The middle ear, the membrana tympani is destroyed. There is a slight divergent, strabismus of the eye on that side.

DR. STEVENS.—It seems difficult to form any conclusion as to this case without anything further in regard to it. It appears to me, however, that in this sequestrum of bone there is visible the

internal auditory canal, the internal meatus, the promontory of the labyrinth and semi-circular canals. I would not undertake, of course, to explain what is the cause of the whole difficulty. There must be a communication between the cavity of the cranium and this external opening.

DR. POLLAK.—I think not. I could pass a probe in the external meatus and it came out at the opening in the mastoid process, but it would not find its way up. The child has improved very much since I took the pieces of bone out. I could feel no rough surface with my finger.

DR. STEVENS.—I should like to hear Dr. Mudd as to the relation of the surface of the brain with the posterior portion of the petrous bone.

DR. MUDD.—I should think it would not affect the brain.

DR. STEVENS.—Would the probe or finger or any other instrument pushing the dura-mater produce brain symptoms?

DR. POLLAK.—I couldn't exert pressure enough; I did nothing but dress it with absorbent cotton, and the child is doing remarkably well.

DR. PREWITT.—I would like to ask Dr. Pollak what his prognosis is?

DR. POLLAK.—I think the child will get well. It is so much better since last Tuesday, that I think it will get well.

DR. PREWITT.—I wish to say that it occurs to me that the dura mater is most likely exposed somewhere, and that the child's condition is a dangerous one, and the probabilities are that some day it will die of cerebritis. I have a gentleman under my care occasionally who has a destruction of the membrana tympani and suppuration of the middle ear. There has never been any necrosis that I know of, but polypi form and he has had an attack of what was called inflammation of the brain at one time, and he was dangerously sick. I didn't see him at that time, but he complains almost constantly of pain in the side of the head. He has dilatation of the pupil of the right eye, and I have predicted very confidently, that he will yet die of the inflammation extending to the membranes of the brain. I don't think there is much doubt he will die in that way. I think it is generally agreed that such cases are very dangerous.

DR. POLLAK.—I don't think there are any brain symptoms present. One side of the face is distorted, drawn towards the left, but I believe this is owing more to the infiltration. The lips are not disturbed. The whole side of the face is swollen and infiltrated, but I suppose when this has subsided, the face will be perfectly straight. If there were any signs of paralysis, I suppose it would be in the sixth pair, in the external rectus. The parents are very healthy looking people. The child has greatly improved, and it now eats, drinks and sleeps well.

DR. PREWITT.—It seems to me that it doesn't affect the prognosis exactly because the child is better. It would naturally be better after the removal of these necrosed bones, it doesn't argue that the dura mater is not exposed, and it doesn't prove that the child may not have an attack of encephalitis in the future, because we know the dura mater is very often exposed in trephining, it is exposed and the people get well after trephining, else we would never trephine. Moreover the fact that the dura mater is exposed doesn't necessarily imply that the patient must die immediately; nor is it necessary that these cases shall die very shortly; but as the irritation goes on, suppuration will go on, acute inflammation will be set up, which will extend to the membranes and the child will be very apt to die sooner or later of encephalitis.

DR. DICKINSON.—I concur with Dr. Prewitt's opinion, and more especially since, a few years ago, I had a case in which the membrana tympani was lost with very considerable inflammation of the middle ear. In order to arrive at the best results I asked Dr. Spenter to see the case with me, which he kindly did, and gave it as his opinion that the worst result might appear at any moment, and during our conversation he stated that he had six cases, during the preceding winter, in which the suppurative inflammation of the middle ear resulted in death.

DR. WILLIAMS.—These cases of suppuration of the middle ear are all dangerous. Of course, where the bones are not involved there is much less danger than there is where the bones are involved. Certainly where the bones are so extensively involved as they are in the case reported, there is great danger. As Dr. Prewitt says, the probability is that sooner or later the child will have brain trouble whether it will be carried away with it or not,

is uncertain. The child is evidently in great danger. Some years ago I lost a case in East St. Louis, from suppuration of the middle ear. A young lady 22 or 23 years old had a polypus growing from the membrana tympani, which destroyed her ear. I treated the polypus so as to destroy it, and the ear got well and remained so for some months. In the course of time however, the polypus substance grew again from the same point that it had grown from at first. I immediately began to treat it again. I treated it for some days, but it increased as fast as I could kill it, so that I began to suspect it was malignant. This was a mere suspicion however, and in the course of this treatment—under these circumstances the young lady had an attack of acute brain trouble—inflammation of the meninges of the brain which lasted for some 3 or 4 days, then she suddenly went into a comatose condition and died in the course of a few hours. So that all these cases of suppuration of the middle ear are dangerous, and more so when the bone is affected. When I lived in Cincinnati, I treated a gentleman from Covington, who had suppurative inflammation—suppuration from the drum cavity—which would come and go. It would discharge for some considerable time, and under ordinary treatment ceased to discharge. It would remain dry or well for some time and then come back, and run again, and again disappear under treatment. So it went on for some two or three years when he came to the office with a fresh attack of the trouble which, under the ordinary treatment, did not yield, and in the course of a few days the brain symptoms came upon him, which lasted a few days, terminating in a comatose condition and death in a short time afterwards. This child will, in all probability have brain trouble sooner or later. Some 3 or 4 years ago I treated a child in this city, under similar circumstances. The child had a mastoid abscess—it had scarlet fever, followed by this mastoid abscess with extensive necrosis of the mastoid process, and also of the bones of the drum cavity. I removed the entire external wall of the mastoid process with a large amount of irregular fragments of bone from the neighborhood of the drum cavity, and one of these little bones showed that the canal of the carotid artery had run through it. After I saw this, I was afraid to put my finger into the place for fear the artery would give way, and the child bleed to death. The child was not well when it went out of my hands. I presume it is suppurating yet.

DR. MUDD.—I don't like to trust my judgment on those bones, considering the history of the case as given by Dr. Pollak, and the absence of paralysis of the facial muscles. After examining the bones, as I have this evening, cursorily it seems to me that the canal of the portia dura, seventh pair of the face is here and is here intact, and if so the nerve must have been interrupted in its entirety, and paralysis of the muscles of the face must exist, if this be as I suspect. And again as Dr. Williams has just stated, we must have here a part of the canal of the carotid artery. I think the specimen is worthy of further examination, and of another report on some other evening. I think it would be well to have it examined more carefully. There is one point in connection with Dr. Prewitt's remarks that I would like to refer to, and in which most of the gentlemen have concurred, that the patient will sooner or later die of inflammation of the brain. This is certainly a probability, perhaps more than a probability, and yet it does seem to me that the greatest danger from such an inflammation has already passed. The greatest danger from such an inflammation was, at a time when the membrane was attached to the bone; was at the time when this bone was becoming necrosed; was at the time when the membrane was not protected by adventitious tissue which has, doubtless, already covered it; was at the time when this bone was connected with the arteries, with the vessels, with the nerves, before this protecting adventitious tissue had been formed to protect the membrane from any such inflammation. If inflammation is set up, I think it will be because the external opening heals more rapidly than it should, and leaves a pocket inside which becomes a nidus for this inflammation. It seems to me that one point of great moment in the case is to keep it open long after the discharges have become almost nothing. I hope and believe that Dr. Pollak's prognosis of this case is a good one—that the child will probably get well. Certainly, as it has escaped so long, there is at least a possibility for it to get better.

DR. WILLIAMS.—I treated a boy this Summer, for double otorrhœa, where the membranes were both completely destroyed and the little bones also, so far as I could judge. One side of his face became paralyzed, not completely, but the whole portion of the face, supplied by the facial nerve was more or less paralyzed. The bones had become involved in the suppurative



process—involving the canal through which this nerve runs. I had an opportunity to observe the case a short time only. He went out of my hands, and I have not seen him since. I was rather glad that he ceased to call, as it was an unpromising case and liable to die at any time.

DR. DICKINSON.—For the encouragement of Dr. Pollak, I may say I saw a case some years ago—a boy five years old who, his mother said, had been subject to otorrhœa ever since he was an infant, and during that time it seems little bones had escaped which were thrown away. The suppurative process subsided and the opening closed, forming a cul-de-sac three-quarters of an inch deep. It was entirely cicatrized—closed.

DR. RUMBOLD.—Did I understand Dr. Pollak to say that there was no facial paralysis?

DR. POLLAK.—Not that I can see. One side of the face is drawn over, I presume it is owing to the other side being swollen and pushing it over.

DR. RUMBOLD.—If the internal meatus, through which passes the portio dura, has been destroyed, then of course the facial nerve is destroyed, and paralysis of the side of the face must ensue. If there is no paralysis, then we have mistaken the position of the bone placed before us.

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DR. DICKINSON offered the following resolution which was adopted by a vote of the members present:

*Whereas:* The surgical treatment of our late President James A. Garfield has been, through the public prints, the subject of severe animadversions and adverse criticisms, the tendency of which is to asperse the fame of the eminent gentleman who directed that treatment

Therefore, to the intent of assuring these gentlemen, *our professional brethren* of our moral support, and by our voice, of rendering nugatory as far as we may, the effect of these unjust aspersions, be it

*Resolved:* That the St. Louis Medical Society hereby, unanimously testifies to its constant approval of the wisdom and fortitude that resisted the public clamor for the adoption of *useless,*

*dangerous and meddlesome* surgery, in demanding "instant search for and removal of the mortal missile"—which wisdom has been triumphantly vindicated by the autopsy made and officially announced.

This Society also expresses its admiration of the vigilance that timely detected imminent complications, and of the skill which averted their immediate consequences; and endorses the surgical and regiminal measures pursued throughout (as publicly reported) in the sustained endeavor to conduct to a favorable termination the issues of that protracted life-struggle, and also commends the great prudence which ever invested the prognostic utterances, eagerly sought for and given to a sympathizing world.

And though, in the unequal encounter with death, the manifold agencies of medicine and surgery and the unwearied ministrations of loving friends were not ultimately blessed to the restoration of our chief magistrate, this Society heartily records its united testimony that this distinguished life, thus imperiled, could not have been confided to a *council* of medical men, more sincere in purpose, more acute in foresight, more wise in council or more skilful in execution.

*Resolved*: That a copy of this action of the Society, duly attested, be transmitted to the several gentlemen composing the council referred to in the above.

SATURDAY, October 22nd, 1881.

**Ear Cases.**

DR. WILLIAMS.—In connection with the case presented at the last meeting by Dr. Pollak, I wish to submit a few specimens of a similar character, with very brief statements of the facts in connection with the cases. Some two years ago, a six year old boy of Dr. Gibson of Topeka, Kansas, had scarlet fever and in connection with the scarlet fever he had double mastoid abscess; that is to say an abscess in each mastoid process. As a result of that trouble these bones were taken from the mastoid process sometime afterwards. They are large, ugly, rough specimens of bone that came from the two mastoid processes, but there is nothing particularly interesting about them. I simply exhibit them to show the amount of damage that can be done by ne-

crisis. The boy was extremely sick. For several days he was not expected to live, and in consequence of that uncertainty as to life, the mastoid abscesses were not treated as they should have been. They were neglected somewhat, so the father told me, and not opened as early as they should have been. The boy rallied however, after some days and by this time the abscesses had opened spontaneously, and when I saw the child sometime afterwards I removed these pieces of bone from his ears. The final result was that he lost his hearing in both of his ears. He is in good health but is absolutely deaf.

Some years ago a little German child of this city, two years old, was brought to me by its mother. It had either measles or scarlatina, and following that a mastoid abscess developed in the left ear. This abscess was treated by a prominent physician of this city at that time and, strange to say, he was extremely careless in regard to the management of the case—at least of the mastoid abscess. The child was extremely sick, and the mother told me that it was in spasms for six or seven days, every moment of which time she expected it to die. She said the side of the head grew to immense proportions and matter came out from the mastoid abscess, and burrowed under the skin of the scalp and face, so that the skin was pressed outwards and made an immense swelling on the side of the face and head. The mother told me that she begged the doctor to open the abscess but, he said it was better to let it alone, and let it break of itself. He kept poulticing it, until it finally broke of itself, and relieved the child of the spasms. Sometime afterwards the child came into my hands, and I found an extensive necrosis of the bones. You will notice that the whole outerplate of the mastoid process has come away, and in connection with it several smaller pieces of bone have been taken away from the parts deeper down. The most interesting thing in regard to the bones, is that one piece has what seems to be the canal of the carotid artery running through it. I don't know what other canal it could be. The parts involved, and the appearance of the bone seem to show that it is the canal of the carotid artery, at about the point where it makes a bend. The hearing in this ear was lost. After a few months this child went out of my hands. The mother called to see me during my absence from the city, and I afterwards learned that she went to see Dr. Gregory at the hospital, and afterwards went to see Dr. Hodgen. Dr. Hodgen

told me that he gave the child chloroform, and removed a very large piece of necrosed bone from the same ear which he took to be the lower portion of the petrous portion of the temporal bone. He said that it frightened him when he saw the size of the bone that he was drawing away from the child's ear. He feared that the child would die. During the past summer the mother called at my office without the child to ask me something about the case, and stated that the child was still troubled with a discharge from the ear, though it was quite small. Exactly what condition it is in, is more than I can say, as I didn't see it. I urged upon the mother, the propriety, of removing the spiculæ of the necrosed bone with a view of saving the child's life. It is liable to take meningitis, or some cerebral trouble at any time and be carried away very rapidly. The proper treatment of these mastoid abscesses which was singularly neglected in both of these cases, is to open the abscess just as soon as the diagnosis can be established, and before the suppuration has set in. It is not proper to wait until the suppuration has started so as to open the cavity of the mastoid cells.

DR. HURT.—I would like to ask the doctor if it is his experience or not, that these abscesses usually have their origin in an acute otitis?

DR. WILLIAMS.—They usually start in connection with otitis media, that is acute inflammation in the drum cavity.

DR. HURT.—The treatment to begin with then, would be the treatment usual in acute inflammation of the ear?

DR. WILLIAMS.—That is to say before it gets to be mastoid abscess.

DR. HURT.—Before it is an abscess, could it not be arrested by leeches or some other application?

DR. WILLIAMS.—That is very true, but I was speaking of the case after it had become mastoid abscess. The proper treatment then is to open it as soon as possible.

DR. POLLAK.—Mr. President, before we adjourn, I would like to hear the result of Dr. Mudd's examination of the specimen which I presented at the last meeting.

DR. MUDD.—I found in the specimen a portion of the auditory canal. There is a portion including the ring to which the

membranes are attached, a part of the mastoid cells, and the greater portion of the petrous portion of the temporal bone including the semi-circular canal, the cochlea, the inner wall of the tympanic cavity; it includes part of the canal of the carotid artery, part of the jugular fossa; and, of course it includes the internal auditory meatus. The bone is from the left side.

DR. POLLAK.—I will say that I have seen this child three times since last week. I saw her to-day. The child is doing remarkably well. The opening in the mastoid process is entirely closed; nothing comes out any more. But there is certainly a paralysis of the left side of the face. Her general health is good. She had been confined to her bed for about a year, but since the bones have been removed, she has recuperated. She now runs about all day, jumping ropes and so on; eats, drinks and sleeps well. Her general health is excellent in spite of the prognosis of Dr. Prewitt, that she would probably die very soon. The symptoms have all subsided except the paralysis.

DR. DICKINSON.—How are the eyelids?

DR. POLLAK.—Perfectly sound. She moves the eyes in every direction and sees well. The eyelids are not in the least tumefied.

DR. STEVENS.—There must be entire destruction of the portio-dura and paralysis of the muscles supplied by it? I can't conceive how the internal meatus can be removed entire, as in this case, without destruction of the trunk of the nerve.

DR. WILLIAMS.—I would like to ask Dr. Pollak if he considers the child out of danger?

DR. POLLAK.—That is a different thing. I only say the child, at present is well. I think probably the dura mater is sound; possibly some osseous material may be so deposited as to protect it. I can't say she is out of danger of course. She looks perfectly well.

#### **The Germ Theory.**

DR. SPINZIG.—Mr. President, I announced on last Saturday evening that I would criticize Professor Pasteur's article which was read before the International Medical Congress, and I do so because I think the views he presented are erroneous, and further, because they were acceded to by all the members

present, numbering some 3600, and representing the profession in all parts of the world. The question he discusses is infection, and the prevention of infection. I have here a translation of his paper in English, here is a German translation, and here is the original in French. I submit them for consultation.

Now Prof. Pasteur went on to state that there is a disease called chicken cholera—whatever the nature of that disease was, what the causes of it were he does not attempt to say. He took it for granted so far as we perceive from his statements, that it was an entity—an ontological something requiring no other inquiry as to its origin or to its nature. Then again this would supply an antidote which counteracts the effects of the original poison, according to its potency. Now what this antidote is he gives us no explanation, except that he calls it little organisms designated microbes. He brings nothing to support his theory of bacteria or the product of retrogressive metamorphosis, but we must take it for granted that these organisms which constitute his antidote are also specific somethings. We need not inquire into the origin and nature of the fever either. So that the propositions placed before the Medical world are, first, to recognize the specific nature of cholera and its capacity of spreading, according to the virtue of the specific poison, and second, that the specific antidote is, when employed, capable of subduing the cholera poison.

What the laws of the nature, or of the natural occurrence of the poison, or of the antidote are, need, therefore, not be understood. Thus a dogma—a proposition in the form of a belief is submitted to the medical profession to which we have to accede blindly. This is not admissible and consistent in medical science. I wish to introduce as to the two positions, a few remarks. In the first place, we find that cholera spreads and extends over large surfaces of the globe. I will here submit a pathologico-geographical atlas, showing the areas where cholera prevails. There, for instance, is nearly the entire territory of Europe in which cholera is liable to prevail. Of Asia there seems to be the southern half liable to it. In America we have the United States, Central America and of South America the equatorial part. Towards the south pole and from the Canadian line to the north pole, there is no cholera. There is no cholera in Africa, except Egypt, Zanzibar and Algiers, neither in northern Asia, and Australia. So we find with a very limited exception that there is a

limitation of it, to a certain area. Now there is one point of great interest, if it was specific and could determine its diffusion, it would not be forced or needed to avoid certain localities, it could go wherever it pleased. But such is not the case. Then we have a limitation and particularly with regard to altitudes. We find that cholera cannot ascend above certain heights. For instance, in India, cholera doesn't ascend higher than about 4,000 feet; in Switzerland no more than 2,000 feet. We have for instance, Munich in Germany 1500 feet above the level of the sea, yet liable to be visited by cholera and not very far from this city, the cities of Insbruck and Salzburg, both of which are of higher altitude and neither place is visited by cholera. Salzburg is a military post; thus the population is constantly changing, and if there was any cholera, it should have been carried there; nevertheless, cholera doesn't spring up there. Then we find in the diffusion of cholera, that there are certain regions where cholera cannot spring up, in which cholera has never yet visited, viz: the catarrhal region.

In the dysenteric region and the entero-mesenteric region, cholera is indigenous. There are also variations in the altitudes to which these regions extend. If we take the measurement of the altitudes of the dysenteric region at the equator we find that it extends nearly 8,000 feet, and the entero-mesenteric to over 11,000 feet. Higher up is the catarrhal region in which cholera doesn't occur. If we trace this through all the continents, we find that the law holds good everywhere, as is illustrated by the cities of Munich and Salzburg. Munich is much lower and is liable to be visited; Salzburg is not liable to be visited, owing to its being nearer the catarrhal region. Now where the line between the entero-mesenteric region and the catarrhal region, unite at that degree of altitude, the diseases of the variety of cholosis will cease to be. We find however, that Archangel has been visited by cholera and as it is on the other side of the line of the catarrhal region it would, geographically viewed, constitute an exception. When, however, I traced up the area of yellow fever, I found that Swansea, England, at 51° north latitude, has the same isothermic line as Baltimore which is about 39°, and that Archangel is that of Quebec, 40°. So that the law holds good, that cholera can only prevail in the dysenteric and entero-mesenteric regions, and not in the catarrhal. Therefore the specificity, by which I understand the power which a



body has to determine its own existence anywhere, to resist all laws of nature going to influence it or anything that tends to kill or remove it, or oblige it to obey the laws of distribution of disease upon the earth's surface, the law of chronology. There is no evidence produced sustaining the admission of the specificity of cholera.

We find that Prof. Pasteur in his argument does not mention anything of the effects of the disease. He says it is produced by a specific virus, and the only remedy necessary against it is the antidote of the "attenuated virus," properly applied.

He made the assertion that all of the so-called virulent diseases are produced by a virus of the same nature as that which occurs in the chicken cholera, and inferred that they could be prevented by the same procedure by which he claims to prevent chicken cholera. Chicken cholera was the particular disease that had been studied, and from the results of instituted experiments, the inference was claimed sustained that by vaccinating kindred species with the attenuated virus, protection against future infection would be afforded; and as equally valid, the inference was applied to all that were termed "virulent diseases."

This announcement was made to the medical representatives from nearly all parts of the world, and to bring the newly discovered fact to a general understanding.

Prof. Pasteur, therefore did not care anything as to the cause, chronology, or diffusion of cholera in space; he did not care—anything about the sanative effects of his antidote. To him it is sufficient to know that, (as is claimed) it subdues cholera. Now he advises the farmers of France to vaccinate their sheep to prevent them taking the anthrax—the so-called splenic fever—and asserted that if the sheep were properly vaccinated with the antidote, they were not taken with the disease, and that if affected by it, the disease would be slight; that they would live, while others would die. Now as we know this splenic fever only prevails where there is low ground—what we would call bottom ground—the sheep that are fed and shepherded on such ground will take this disease, while those that are shepherded in lofty regions never take it. But he had perfect confidence in his antidote and submitted it with such reliance that he asserted, if they were properly vaccinated, it does not make any difference where they were, because specific poison couldn't reach them. In Germany they found that this was not the case.



Another point arises that interests us very much ; that is, he doesn't give us any explanation of what microbes and their organisms are, and what constitute their specific power, or what their nature is, in what way, or by reason of which they can act as an antidote against cholera. If we make any slight attempt even to understand what these bodies are, and why they exert an influence, we find that they fully compare with the ordinary yeast cells. All the sporules that are found are commonly found in retrogression, and these sporules are escaping by myriads in the liquid examined under the microscope, during action, and they correspond precisely with the action of the yeast cells. They simply exert an influence when they are brought into proper compounds, a fluid containing albuminous, starchy or saccharine substances, if the temperature is but little elevated, then the fermentation goes on very slowly. The same phenomena we observe in the brewery, what they call low fermentation. Now if you apply an increase of temperature, then there follows a violent fermentation. It is not from the specific nature of these things that fermentation occurs, but merely from the fact that they absorb oxygen from the air. It has been stated by a very high authority, Hermann, a professor of physiology, who has recently published one of the most extensive and reliable works on physiology, that if you take what they call zymogen, a substance which has hardly any capacity of producing fermentation, or amounting almost to nothing, so that zymogen may be regarded as a non-fermenting substance ; but if you increase its proportion of oxygen by absorption, you produce trypsin, which is one of the most powerful ferments. Now this effect is produced by nothing else than the simple process of oxydization, the absorption of oxygen will increase the process of fermentation and to the liquid in which the fermentation transpires, or bearing this process, it may be extremely dangerous. Suppose the fermentative process should transpire within the organism, it would coagulate the blood and life would, undoubtedly, cease at once. The action proper of the microbes of Prof. Pasteur is dependent precisely on the same principle. So that we see that their action is nothing else than simple oxydization, and oxydization when "protected," (vaccinated) or "exposed," is brought under the necessary conditions, elevation of temperature and an excess of moisture. The law applies to the phenomena as submit-

ted by Prof. Pasteur, hence the specificity in that direction is paralleled by a simple physical operation.

I must again refer to the distribution of cholera, as I had taken the liberty of presenting to the society, some time ago, a chart in which the city of St. Louis was drawn, showing the parts in which, in 1866, the cholera prevailed most extensively, adverse to the theory of Prof. Pettenkofer, namely, that its prevalence was not due to the stage of sub-surface water. Now we find that where the sub-surface water is very close to the surface, cholera also prevailed, so that the evaporating surface was very little. It was also found that cholera most entirely prevailed in tenement houses, filthy and without ventilation. Where there were wholesome beds, good ventilation and proper habits of living, cholera did not prevail. This was illustrated in 1866 by the fact that the region of the city from Chestnut Street north, to Washington Avenue, and from Fifth or Sixth Street westward, was free from cholera; while from Washington Avenue to Cass Avenue, and from the river to Jefferson Avenue, you found that cholera prevailed. If you go westward the formation and level of the soil is the same, whether it is Olive Street, Washington, or Cass Avenue, so that the only difference is in the population. But Pettenkofer's theory, that by evaporation of sub-soil water, or subterrenean moisture, was the specific poison of cholera, reproduced was by all evidence fully disproved, and so it will be with the theory of Pasteur's poison. He says when a flock of sheep died from splenic fever, and were buried, and other sheep were grazing on the same ground, they would die, even when grazing there several years afterwards. Now this is a gross delusion.


DR. DICKINSON.—I would like to ask if the prevalence of cholera in the districts you have mentioned was not attributed in great measure to the wells that were sunk in these parts and the use of this water. It is my impression that this was regarded as the cause more than the moist soil.

DR. SPINZIG.—Dr. Murchison's rules with regard to the prevalence of typhoid fever, suggests the idea that it was due to drinking well water. Cholera prevailed in districts where these wells were not found.

DR. DICKINSON.—I remember that these wells were suppressed by the city authorities.

DR. SPINZIG.—The cholera was not more severe where they did use it than where they did not use it. Now with reference to small-pox. Prof. Pasteur's inference is, that if these poisons are properly attenuated and the animals vaccinated, the disease will be prevented. This applies also to small-pox. We find with reference to the spreading of small-pox, that the same law holds good as we have here illustrated with regard to the spreading of cholera in St. Louis in 1866. Now with reference to the prevention of it, or the power ascribed to vaccination with attenuated virus, Prof. Pasteur has great confidence that the farmers can drive their sheep, if they are vaccinated, to the unhealthy ground; they won't take the splenic fever, but if so, the same will not apply to small-pox vaccination, as the statistics which have been collected by Prof. Kolb show. He has collected facts from various localities, and statistics have been kept very strictly and explicitly in every point, he found that those persons who took small-pox were those who had been vaccinated. It would seem that those who were not vaccinated, were protected, at least that vaccination was no guard against the occurrence of the disease.

I will not detain you much longer, but will simply refer to one point. I must express my sentiment of sorrow, that one of our most distinguished writers, an authority that I received with the greatest respect and unbounded confidence, because so far as he has led us in pathological science, he was a most reliable authority. I refer to Prof. Cohnheim, the gentleman who first gave us the true theory of the formation of pus. Now that was one of his great achievements, the discovery that the white blood corpuscles were transformed into pus. I always considered him a watchful man, one who relied upon his own capability to investigate and understand, but now I find he has also become untrue to himself, that he has gone over to the encampment of those who believe in the specificity of so-called infectious diseases, so that he now says that these diseases will occur by infection; that the infectious substance must be brought to the locality and that it may be prevented by what is called the antidote. Not that we can come to a better scientific understanding, but simply that we must submit to an implicit faith, we must believe. We must hence exclude science from medicine, and simply make it a doctrine in which we can believe and don't need to investigate. Dr. Senator, of Berlin, holds that fever results from metamorphosis of the tissues which is produced by chemical action of



chemical substrata, so that "infection" is not simply a specific something that we cannot understand, cannot make out, but a chemical substratum. This great author, however, must admit the statement of Dr. Senator, although he has become a convert. The fact cannot be contradicted which shows that Prof. Cohnheim is inconsistent. He says: "Cholera will visit no city unless some person suffering from cholera has been there previously, who has imported it, deposited it, and then cholera has the power to spread according to its own option."

DR. DICKINSON.—How does it have its beginning?

DR. SPINZIG.—That we are not at liberty to inquire. He won't allow that. It is sufficient to suppose that it is imported. When I was quite sick this summer and couldn't leave my office a lady in my practice sent for me to come and see her immediately, but as I couldn't go, some other physician was called in, and the case diagnosed cholera. When subsequently I saw her, I made inquiry as to how she got along, and she then gave me the following history: she had violent cramps, vomiting, and had turned blue, and had all the peculiar symptoms of cholera. That happened this summer, and there has been no cholera here so far as I know, and yet this was a true case of cholera. It shows that these diseases will occur when the conditions are favorable, but I do not think it is produced by a specific contagion.

DR. A. GREEN.—Doctor, will you allow me to ask you a few questions in order to make your meaning clear? Do you mean that when a man has small-pox, and another contracts a disease from him, it may be smallpox, measles or scarlet fever, is that so? Do all the poisons arise from the same thing? For instance, if one person has sexual connection with another, he may get syphilis, while another person may get small-pox from the same woman, is that so?

DR. SPINZIG.—I will state that so far as scarlatina and variola are concerned, they arise from the same causes.

DR. A. GREEN.—Measles, scarlatina and variola arise from the same causes. If a man comes in contact with a person having scarlatina, he may get small-pox, or he may get measles? But how about syphilis, Doctor? Is not syphilis also related to small-pox? Can't a man get the big pox from the small-pox?

DR. SPINZIG.—That was not involved in the question.

DR. A. GREEN.—But I don't see why not. I only want to make the matter clear. Is there any such thing as contagion?

DR. SPINZIG.—There is transmission, but I do not accept the terms infection, or contagion in the way it is employed. I say there is no contagion and no infection.

DR. A. GREEN.—But there is a transmission?

DR. SPINZIG.—Yes, sir.

DR. A. GREEN.—You take a patient who has small-pox and inoculate another person and that will produce either general or local disturbance, but may not your patient have scarlatina?

DR. SPINZIG.—Why not?

DR. A. GREEN.—And scarlatina may communicate measles or small-pox or big-pox? There must be some difference between syphilis and small-pox.

DR. SPINZIG.—I don't accept the term, specificity, neither do I accept the term infection.

DR. A. GREEN.—Well, say transmission then. I want to know if the effects it transmits are specific or not. If a man has connection with a woman under certain conditions, he gets the big-pox; now may he also get the small-pox or measles? If not there must be a specific poison.

DR. JOHNSTON.—Mr. President, I will read what Prof. Pasteur says, before I make any remarks. I will read this, and I suppose it is a true translation.

“The subject of my communication is vaccination in relation to chicken cholera and splenic fever, and a statement of the method by which we have arrived at these results, a method the fruitfulness of which inspires me with boundless anticipations. Before discussing the question of splenic fever vaccine, which is the most important, permit me to recall the results of my investigations of chicken cholera. It is through this inquiry that new and highly important principles have been introduced into science, concerning the virus or contagious quality of transmissible diseases. More than once in what I am about to say, I shall employ the expression, virus culture, as formerly, in my investigations on fermentation, I used the expressions, the culture of milk ferment, the culture of butyric vibron etc. Let us take,

then, a fowl which is about to die of chicken cholera, and let us dip the end of a delicate glass rod in the blood of the fowl with the usual precautions, upon which I need not here dwell. Let us then touch with this charged point, some *bouillon de poulet* very clear, but first of all, rendered sterile under a temperature of 115° Centigrade, and under conditions in which neither the outer air nor the vases employed can introduce exterior germs, those germs which are in the air, or on the surface of all objects. In a short time, if the little culture vase is placed in a temperature of 25° to 30°, you will see the liquid become turbid and full of tiny microbes, shaped like the figure 8, but often so small that under a high magnifying power, they appear like points. Take from this vase a drop as small as you please, no more than can be carried on the point of a glass rod as sharp as a needle, and touch with this point, a fresh quantity of sterilized *bouillon de poulet* placed in a second vase and the same phenomenon is produced. You deal in the same way with a third culture vase, with a fourth, and so on to a hundred, or even a thousand, and invariably within a few hours the culture liquid becomes turbid filled with the same minute organisms. \* \* \* \* \* Let us now repeat exactly our successive cultures with this single difference, that we pass from one culture to that which follows it, from the hundredth to, say, the hundred and first, at intervals of a fortnight, a month, two months, three months or ten months. If, now, we compare the virulence of the successive cultures, a great change will be observed. It will be readily seen from an inoculation of a series of ten fowls that the virulence of one culture differs from that of the blood and from that of a preceding culture, when a sufficiently long interval elapses between the impregnation of one culture with the microbe of the preceding. More than that, we may recognize by this mode of observation that it is possible to prepare cultures of varying degrees of virulence. One preparation will kill eight fowls out of ten, another five out of ten, another one out of ten, another none at all, although the microbe may still be cultivated. In fact, what is no less strange, if you take each of these cultures of attenuated virulence as a point of departure in the preparation of successive cultures and without appreciable interval in the impregnation, the whole series of these cultures will reproduce the attenuated virulence of that which has served as a starting point. Similarly, where the virulence is null, it has no effect. How, then, it may

be asked, are the effects of these attenuating virulences revealed in the fowls? They are revealed by a local disorder, by a morbid modification more or less profound in a muscle, if it is a muscle that has been inoculated with the virus. The muscle is filled with the microbes which are easily recognized, because the attenuated microbes have almost the bulk the form and the appearance of the most virulent microbes. \* \* \* \* \*

"In this new investigation, I have had the assistance of two devoted young savants, M M. Chamberlain and Roux. At the outset we were met by a difficulty. Among the inferior organisms, all do not resolve themselves into those corpuscle germs, which I was the first to point out as one of the forms of their possible development. Many infectious microbes do not resolve themselves in their cultures into corpuscle germs. Such is equally the case with beer yeast which we do not see develop itself usually in breweries, for instance, except by a sort of scissiparity. One cell makes two or more, which form themselves in wreaths; the cells become detached, and the process recommences. In these cells real germs are not usually seen. The microbe of chicken cholera and many others behave in this way, so much so that the cultures of this microbe, although they may last for months without losing their power of fresh cultivation, perish finally like beer yeast which has exhausted all its aliments. The anthracoid microbe in artificial cultures behave very differently. In the blood of animals, as in cultures, it is found in translucent filaments, more or less segmented. This blood or these cultures freely exposed to air, instead of continuing according to the first mode of generation, show at the end of forty-eight hours corpuscle germs distributed in series more or less regular along the filaments. All around these corpuscles matter is absorbed, as I have represented it formerly in one of the plates of my work on the diseases of silkworms. Little by little all connection between them disappears, and presently they are reduced to nothing more than germ dust."

I have asked farmers what were the symptoms of chicken cholera. Was it excessive purging? No. They sicken and die. I have asked farmers what constituted hog cholera. Was it purging or vomiting? No; it was an inflammation of the glands of the neck, causing suffocation. I asked a brother of mine who raised a large number of hogs, what the symptoms were, and he said he found an abscess around the glands of the neck. So that



the diseases termed chicken cholera, or hog cholera, are not similar, and have no symptoms like cholera in the human being.

My friend tries to conclude that Pasteur has really developed regular Asiatic cholera, such as we have in human beings; now we have no evidence in this article of Pasteur's of that fact. He says: "May we not be here in presence of a general law applicable to all kinds of virus?" Malignant pustules and other affections may be dependent upon some microbe or some low organism allied to microbe.

Autumnal fever and typhoid fever may depend on such a cause as this, but as yet Pasteur has not stated that. He is still in the field of investigation. Now if this law is proved to be true we can use our disinfectants and antidotes scientifically. If we can get where Pasteur has got and discover the cause of disease, then we can apply scientific remedies.

DR. SPINZIG.—So far as Dr. Johnson states, his observations in reference to the remarks I made, it seems that I have conveyed a misunderstanding in some respects; I did not charge Prof. Pasteur with making any statements with regard to the nature of cholera, or the so-called fermentative diseases; but the inferences I made were based upon the statements made by Prof. Pasteur which were sufficient for us to take it for granted that he considered these diseases specific and that they could be prevented, by a specific antidote, and I saw that it is just the very thing the sanitarians want, and are even waiting for an opportunity of this kind because the statement of Prof. Pasteur will justify their measures, it makes no difference how improper they may be. They will advance this as the most probable indication of the propriety of their measures. It is therefore the duty of all who are engaged in the practice of medicine or the study of medicine, to investigate these matters, to dilate upon them so as to bring them to a clear understanding, because so far as the statements are concerned, they tend to justify those preventative or prophylactic means that are usually recommended by sanitarians and health authorities, the arbitrariness of establishing quarantines and military cordons, the incineration of cities, villages and houses, the dislodgement of parties from their own dwellings and dragging them like criminals to a quarantine hospital, and so on.

Now all these privileges that they esteem they will base



upon the statement of Prof. Pasteur as one of the most beneficial and justifiable, and therefore we should have a correct idea as to the processes of nature. We must say whether we can feel contented with the explanation that a specific body which no one can analyze is the cause of disease or is the preventative of disease, and beyond this nobody can go—Pasteur didn't go beyond it. He doesn't inquire what the microbe is. He thinks it is the cause of disease and by this microbe he prevents these things, cholera, splenic fever, small-pox and so on.

SATURDAY Oct. 29th, 1881.

**Correspondence.**

To the resolutions passed by this society on October 15th concerning the treatment of the late President Garfield the following replies were received.

1321 F. St. N. W.

Washington, D. C., Oct. 21, 1881.

A. H. Ohmann-Dumesnil, M. D.

Recording Secretary St. Louis Medical Society.

DEAR DOCTOR.—It was with great pleasure that I received this morning, the very kind and complimentary resolution passed by the St. Louis Medical Society.

I need not dwell upon the hard and bitter struggle we passed through in endeavoring to save the life of our beloved President, and it is very gratifying to us to receive the sympathy and endorsement of our professional brethern. Thanking you and the Society most heartily, I remain

Yours Respectfully, ROBERT REYBURN, M. D.

Philadelphia, 1611 Chestnut St.

Oct. 20th., 1881.

To Dr. A. H. Ohmann-Dumesnil,

Secretary of the St. Louis Medical Society of Missouri.

DEAR DOCTOR.—I am in receipt of a copy of the resolutions passed by your Society, touching the professional management of the case of the late President Garfield. It is to me a source of great pleasure to know that the surgical treatment of the distinguished patient, has received the endorsement of a body of

prominent physicians and surgeons, such as compose the St. Louis Medical Society of Missouri.

I was never in the least disturbed by the criticisms which were so freely indulged in by the press, nor by those which emanated from a few members of my own profession. Nor did I ever, for one moment, entertain a doubt that the course pursued by the medical attendants was not based on the soundest principles of surgery.

I beg you will convey to the members of the Society which you represent, my high appreciation of the kind and complimentary manner in which their resolutions of approval have been framed.

Very Respectfully Yours, etc., D. HAYES AGNEW.

Washington, D. C., Oct. 24th., 1881.

To the St. Louis Medical Society of Missouri.

GENTLEMEN:—In response to the resolutions so kindly sent, under date of Oct. 15th., containing so full and hearty recognition of the loyalty of the work done in the case of our dead President, I can only say that I thank you from my heart.

At another time I may have something further to send you.

Very truly your obedient servant, D. W. BLISS.

War Department, Surgeon General's Office,

Washington, D. C., Oct. 25, 1881.

Dr. Ohmann-Dumesnil,

DEAR SIR:—I have just received yours of Oct. 15th., with the resolutions of the St. Louis Medical Society, and beg you to assure the Society how highly I value this token of their appreciation of the conduct of the physicians in attendance upon the late President Garfield.

Very respectfully, J. J. WOODWARD Surgeon U. S. Army.

War Department, Surgeon General's Office.

Washington, October 26th., 1881.

Dr. H. H. Mudd,

President of the St. Louis Medical Society of Missouri.

Allow me to express my sincere gratification at receipt of the copy of resolutions adopted by the Society on the 15th inst., you have been kind enough to transmit to me.

Its endorsement and approval of the course pursued in the case of the late President Garfield, is not only most gratifying but very valuable to me, as such ample vindication relieves all necessity for any personal protest against malign and unfair criticism.

Gratefully yours,

J. K. BARNES.

Newark, 43 W. 32, Nov. 4, 1881.

A. H. Ohmann-Dumesnil,

Secretary St. Louis Medical Society of Missouri.

MY DEAR SIR:—Permit me through you to thank the St. Louis Medical Society of Missouri for its action, recently communicated to me, expressing approval of the course pursued by myself and my associates in the treatment of our late President. After the approval of my own conscience, there is nothing I value so much as the approbation and support of my professional brethren; but I think the character and tone of the resolutions adopted by the Society, warrant me in supposing they were intended, less as a testimonial of personal friendship, than as a reproof to a few men in our own profession who have publicly, and with small regard to courtesy, uttered very broad, unreasonable and conflicting criticisms, based in most cases upon a misunderstanding or perversion of the facts, and plainly enough intended for the popular ear than for the ear of the educated medical man.

I infer also, that it was in great part the purpose of your Society to stay the progress of certain mischievous doctrines in surgery recently announced as applicable to the case of the President; but which doctrines their authors have never successfully reduced to practice in the case of their own patients; and who stand therefore before the world in the attitude of demanding that we should have done for our distinguished patient what they, either through lack of experience or opportunity, or for want of courage, have never done for theirs. It would seem, however, that they have a courage rising to audacity when the responsibility of the act is to rest upon others, and not upon themselves.

Very truly yours,

FRANK H. HAMILTON.

**Symptoms of Morphine Poisoning.**

DR. HILL.—I wish to mention a case which came under my observation during the past two weeks. On being called at midnight, to see a child two years old, I found it in an almost comatose condition from the effects of what I supposed to be morphine. The symptoms were such as you will find in morphine poisoning:—contracted pupils, stertorous breathing, coldness of the extremities, etc. My diagnosis was morphine poisoning, and I began to institute search as to where the morphine came from. About ten days previously I had prescribed for the child, a powder composed of a quarter of a grain of calomel and one grain of sugar. These powders had been given, one in the morning and one at night; and thus seven of them had been given, and it was claimed that the seventh, produced this effect. The powder was taken at eight o'clock in the evening and about midnight these symptoms came on. I immediately set about administering a remedy, using the saturated solution of caffeine, hypodermically, having first gone to the druggist to see that the prescription was all right. I injected one-twelfth of a grain, in one hour followed it by another one-twelfth and kept on at that rate until one-third of a grain was used. After the second injection I noticed some signs of improvement; the respiration began to improve. There would be a dozen rapid breaths taken and then it would stop for, probably, one-third of a minute. During these slow respirations the pulse would run down very low. The moment the breathing would start up again, the pulse was increased. It was very remarkable indeed. This condition continued until five o'clock when I left the child, supposing it would be dead before eight o'clock. I went back at that hour, and found the child breathing very nicely and asleep. The pupil was still contracted but there were symptoms of improvement generally. By two o'clock next day the pulses were regular, the breathing regular, and the temperature normal, followed by complete recovery. Now the mystery was to know where the child got the morphine, if morphine it was. The family, who are very intelligent people, insist that nothing was in the house which contained morphine or any of its preparations. I inquired particularly if there were any soothing syrups or any

of those nostrums, and they declared positively that there were none of them in the house. The father was still dissatisfied and took the remaining powders to two or three druggists and had them analyzed, but they returned simply what was prescribed—calomel and sugar. There is some mystery about the case. If there is any disease which produces the train of symptoms I mentioned, I should be glad to hear it.

DR. NEWLAND.—I think probably this may have resulted from some brain trouble—some peculiar condition of the brain giving rise to these symptoms.

DR. JOHNSTON.—This child may have taken a chill and had cold hands, cold feet, and cold extremities; with more or less sterterous breathing, contracted pupils. Here the cerebro-spinal axis is effected and all these symptoms would follow them and nothing would relieve them quicker than the caffeine. As an injection, it is the very remedy, almost. The powders it seems were analyzed by competent druggists and nothing but calomel and sugar was found, so that the conclusion is that the druggist put it up correctly. If the child had taken a grain of morphine it would inevitably have died. It is most probable that the child had this paralysis of the cerebro-spinal nerves producing these symptoms, and the caffeine injections the doctor gave corrected it and the child got well. I think that is the most likely condition of things.

DR. HILL.—Perhaps I have omitted to mention that I made application of heat to the extremities and to the cardiac region and I also made injections of coffee per rectum. I mention this as perhaps I have given too much credit to caffeine.

#### **Influence of Genito-Urinary Diseases.**

DR. FORD.—If there is nothing more to be said about the case just described, I think it of importance to direct attention strongly to the general matter of the reflex influences of abnormal conditions of the genito-urinary organs upon the system at large. This matter, I think, we cannot study too earnestly. Every day I see cases which prove to me that the relation between genito-urinary abnormalities and the system at large, is more constant and profound than I had previously thought. We know that of late years there has been much discussion with regard to the influence of the scrofulous diathesis—the so-called,

straneous diathesis—upon the origin and progress of diseases of the bones and joints, and upon the appetite, food and growth of children. We also know that in the large number of the cases, the food has been nutritious and of good quality, and yet we are called upon to note that children grow up a condition in which the nutritive powers are evidently below par,—in which all or some of the organs are less well nourished than they ought to have been. How is that brought about? I think that in many of those cases we can trace this state of things to reflex influences due to congenital or acquired genito-urinary abnormalities. I say this emphatically and after long and careful observation. I am very sure that many of those cases of general mal-nutrition are caused and maintained by irritations springing from the genito-urinary organs, both in male and female children. The most common of these irritative conditions are *Adhesions*, with, and even without retention of smegma and chronic inflammation. Preputial stenosis, and an unduly narrow urethra, in the male, and agglutination, more or less complete of the labia minora in the female; with imprisonment of secretion around the clitoris I have seen numerous instances where these conditions exist in children who are growing up weakly, with depraved nutritive powers, and capricious and feeble appetites. Such a child grows up pale, feeble, anæmic, badly developed, and with feeble muscles and brittle bones. It is subject to pains in the limbs and joints, and gets injured by ordinary exercise, or by such means as would only be conducive to the sport and health of a well nourished child. I saw not long since an instance, where a child jumped about two feet off a plank and fractured its tibia obliquely. Such an accident would not have occurred if the child had been healthy. There was no general disease of any kind, the child was simply feeble. Its legs and arms were small—its muscular development very meagre, and its bones brittle, i. e., badly nourished. The skin and face was pale, like that of all children suffering from chronic irritation. I examined the penis and found a preputial adhesion of long standing, ensuing after an incomplete operation for congenital phimosis with adhesion.

In another male child, seven years old, with Potts disease, I found a congenital adhesive balanitis. I am continually seeing cases of similar character. No doubt a number of the children who are walking or running about the streets with capricious appetites, pale, feeble and anæmic, on inquiry will be found to

be thus affected. This entire subject has grown up since the time of D'Allermand, Reybard and Fergusson, and has been especially studied by Sayre, who has very emphatically directed professional attention to genito-urinary irritation as inductive of reflex muscular contraction of the lower extremities, and some affections of a paralytic nature, also, of the lower extremities. I am inclined to think that by this mechanism, we may explain certain cases of essential paralysis in children. I have no intention at present of reviewing all of the direct and general consequences of these local affections. I wish especially to-night to direct attention to the general mal-nutrition which results from them by reflex action upon the functions of the stomach. We know that in nearly all of these cases, appetite is slender and capricious, and as a necessary consequence, nutrition is feeble and the whole body is badly nourished. Hence, we have feeble bones and muscles and bad nutrition everywhere. This inferior nutrition, wherever there is any chance to do so, is called, *struma*—and is attributed to the influence of heredity, many a point being strained to make the assumption possible. Now, in such a state of feeble nutrition, a slight injury will produce a chronic inflammation of a bone or a joint. ●

Still, further, in addition to their action upon the gastric functions, and thence upon general nutrition, these local irritations may produce tonic contractions of individual muscles, or of groupes of muscles, and so by distorting joints, and constantly pulling upon morbidly inclined and badly nourished periosteum, directly has, after a greater or shorter time, especially in concurrence with some slight injury, veritable bone disease. Pott's disease may be so caused—and I am confident is so, in a very large number of the cases. This may happen in either sex. Not long ago I was called to attend a little girl who for years, to my knowledge, had been troubled with disease of the cervical spine for which she had been treated with the plaster bandage, braces and elastic suspension, etc. I imparted to the mother my suspicion that there might be an agglutination of the labia minora or adhesions of some sort, and on examination this was found to be so. The vulvar fissure was almost wholly occluded so there was scarcely any space whatsoever between the superior margin of the labia minora, which overreached and hid the urethra, and the peroneal margin. The more, perhaps since both had been projected upwards beneath the labia minora, un-

til agglutination was complete, and then retention of smegma, became a cause of chronic and persistent irritation. This irritation, by impairing nutrition profoundly, and afterward by causing tonic spasm of the muscles attached to the spine, was quite adequate to explain the origin of the spondylitis in this case, as in a number of similar ones that I have seen.

DR. HURT.—I wish to ask Dr. Ford if I understand him to contend that simple adhesion of the prepuce to the glans, is calculated to produce this train of diseases?

DR. FORD.—I think it is quite sufficient. We are able to observe the condition in question more easily in male than in female children, because it is unpleasant to examine any but very little girls in this way. The mothers don't like it, and it is not advisable to make an examination if they object at all. With boys it is different; we can examine them readily enough. I have observed that children who are subject to these adhesions, are pale, grow badly, learn to walk very late, speak late and imperfectly, are nervous, subject to constipation, and a good many other symptoms besides. That adhesion alone is enough to induce any of these symptoms in various degrees. Nothing more is required than a tolerably close and impartial observation. After operations which have been *properly* performed for the rectification of these conditions, and after a proper and reasonable lapse of time, the child that was feeble, anæmic, and with a poor appetite, becomes strong, bold, playful, well nourished, and of hearty appetite, in short, all the bad symptoms disappear in time.

DR. HURT.—While I will not undertake to deny the possibility of the conditions referred to being followed by the symptoms referred to, I think I am prepared, from observation, to testify that they are not always followed by this train of symptoms. I am inclined to think that the simple fact of adhesions in a child that is otherwise physically normally developed, is not likely to produce the symptoms referred to by Dr. Ford. There must be some predisposition in the system to lead to the train of troubles spoken of by him. It is probable that in those abnormal adhesions, I say abnormal, though I am inclined to think they are almost normal in childhood, there must be some predisposition in the nervous system, some hyperæsthetic conditions to coöper-



ate with the local conditions and produce the symptoms, or else the adhesion itself must be complicated with local irritation or inflammation.

DR. COLE.—This is a very interesting subject. I have noticed a great many cases of this trouble, such as Dr. Ford speaks of, which have arisen from causes somewhat similar, though there is one point Dr. Ford didn't make, that has comported with my experience in these cases. That is, that the adhesive balanitis is perhaps not the primary affection. It is rather a secondary matter. Almost all these cases that I have seen have a small opening to the prepuce; the prepuce never having been pulled back, the opening is very small. In some of these cases, a very small probe cannot be introduced. In these cases the children urinate with a great deal of difficulty. This is generally noted by the parents. They often suffer with troubles at night such as erections, a tendency to nervousness and so on. I am satisfied that the effect upon the general system of a congenital stricture of the prepuce is very similar to that which we see in a grown man, a congenital or acquired stricture of the meatus.

Two years ago I was consulted in this city, by a gentleman who was a confirmed dyspeptic. He was very nervous and although he had been married some time, had had no children—he had been married ten or twelve years. To my utter astonishment, I found it impossible to get an ordinary sized probe into the meatus. He had never noticed this. In looking at it from the front, the mouth of the urethra seemed to be entirely natural, but when you squeezed it with a finger below and thumb above, the opening was found to be very minute indeed and, as I say, it was impossible to get a small probe in. I tried to introduce an ordinary No. 7 bougie, but it would not enter. I made an opening, enlarged the meatus, it healed up and he recovered his health entirely, without having taken anything at all. His nervous symptoms left. I think it is the duty of every parent to examine the genital organs, and especially to see that there is a proper opening to the prepuce, that it is large enough and I think these parts should be kept clean, and in that respect I think circumcision is always an advantage to boys. It is advantageous to the Hebrew race, no doubt. They are less apt to contract disease, and I have no doubt it secures health in these parts. It prevents a great many vices which boys may fall into.

DR. HUGHES—I must confess that I look upon the subject much in the same light as Dr. Hurt does. I have seen a case of tetanus produced by the difficult protrusion of a wisdom tooth. I have seen tetanus produced from a wound, in one person in the foot, and I have seen a soldier in the next bed with his foot lacerated all to pieces, escape the trouble. I have seen epileptics who had adhesions of the prepuce, and I have seen a great many epileptics that have not this. I have seen 90 per cent. more epileptics in whom I could trace no possible excentric source of excitation or irritation. I have seen an epileptic boy with an adhesion of the prepuce, and have operated upon that prepuce, performed circumcision and cleaned the smegma away and the epilepsy persisted. I never saw a case of Pott's disease of the spine produced by adhesion of the prepuce, and I never saw a suspicion of such a result from such a source of excentric irritation. There can be no doubt of the potency, under certain circumstances and certain constitutions, of peripheral irritations producing central excitation, and, ultimately, central organic trouble; but I opine that in these instances, where central trouble takes place, and organic conditions are produced in the cord, there must be another factor to give the result of central disease. And I believe that that is the tendency of modern thought, and the conclusions of later observations on this subject of reflex irritation. Dr. Sanders has cited some very interesting cases in my Journal—the last number—of reflex irritation and nervous trouble, but there is a strong presumption that there exists in these cases, these comparatively exceptional cases, of persons who suffer excentric irritation with the central troubles following, another factor, and that factor consists in inherent neuropathic tendencies in the individual. It seems to me it is much more reasonable, when excentric trouble developes central disease, to assume the existence of another factor, than to set it down as a fact that the excentric irritation is the main cause of the central trouble, and if the gentlemen will only sum up their observations, they will find the great preponderance of testimony is against the assumption that attrasia vagina, or adherent prepuce and other genital irritations are always the source of the central trouble. It is well enough when you have any central trouble, any spasmodic display, to look about your individual and ascertain all there is that is wrong in the patient. The condition of the bowels is often the source of irritation, but whilst one

child will suffer from convulsions from a certain amount of irritation of the bowels, a great many other children will tolerate a similar amount of enteric irritation with impunity, and for the very logical reason that the excentric trouble is the sole cause. Why the experiments of Vulpian were satisfactory on that subject, the possibility of peripheral irritation to produce central changes, but speculation on the recently practical operation of nerve stretching, for tabes dorsalis has stimulated physicians to the study of the capability of peripheral irritation to excite central changes, hereditary central changes in the cord. But gentlemen are apt to become too exclusive. I think Dr. Sayre, for instance is rather exclusive in his views upon the subject, when he called the attention of the profession to the reflex action produced by congenitally contracted prepuce. He seemed to be under the impression that that was the most potent cause of the convulsive troubles of children.

DR. PREWITT.—Mr. President, I thought my friend Dr. Hughes would be especially happy by the remarks of Dr. Ford as he is *par excellence*, the neurologist of the society in his explanation of pathological conditions and manifestations, but it seems he does not at all agree with Dr. Ford in his views on this matter. And I must admit that we are inoculated to a certain extent with the doctrines of the neuropaths of the day, but whether, they have gone too far, is another question. That is usually the case. When any new doctrine is sprung, it is carried to that extent, yet good generally comes from it, because it is investigated thoroughly and studied for all it is worth. That this reflex irritation is a potent agent, we must all admit, and that these maladies of the genital organs do often times produce great disturbances, every one must admit who has had his attention called to them and noticed the cases. I saw, two years ago, a child that had, at intervals, epileptiform convulsions, and on examining the prepuce, I found it long and adherent. I circumcised the child, detaching the prepuce from the glans, removed a large amount of smegma, and the child had no more convulsions. Then we know that when a patient has a very small preputial orifice, sooner or later an irritation of the bladder will be set up, and it may lead to the formation of stone in the bladder, cystitis and so on. I was asked to see a case in North St. Louis, some months ago, by a physician of this city, a very intelligent mem-

ber of the profession. It was the case of a man who had been affected with hemorrhoids for several years, and had bled a great deal, until he had a waxen hue from the increased and protracted bleeding, although he was of rather full habit, full form and *physique*, still his tissues were soft and flabby and waxy. It had affected his stomach so that he could eat very little. He had hemorrhoids, a fissure of the anus and symptoms of stricture of the bowels. The stools he passed were flattened. He often vomited when he got out of bed in the morning. I operated, cutting through the fissure, as is usually done superficially. This only relieved him partially. It benefitted the hemorrhoids very much. The symptoms, however, persisted to a certain extent. This benefit was only temporary, and when the wound healed the trouble returned. The stools were small again and the old symptoms recurred. This time I made a deep incision, perhaps entirely dividing the external sphincter, but not the internal. He was wonderfully benefitted. His appetite improved and he passed well moulded stools. This would seem to indicate that there was a spasm of the sphincter. I learned not long since that he is still troubled on the healing up of this cut which I made, that he is troubled again to a certain extent. The physician in attendance suggested the advisability of cutting through the internal sphincter. He regards all the symptoms as reflex, and I think probably he is right. There is no other reason for it that we could discover. The man has improved wonderfully since he has been free from the hemorrhoids, probably because he no longer loses blood. He has a good color now, but he still vomits in the morning, as soon as he puts his feet upon the floor, or gets out of bed. The very fact that the stools become well moulded on the division of the sphincter, would indicate that there was a stricture at that point, but as far as I could reach, I could find no evidence of stricture anywhere, nor was there anything to indicate that there was chronic constriction of the bowel or bowels above, except for the fact that he had at times had flatulent distention and colicky pains. There is no history of chronic stricture of the bowels, and so far as we can judge it is due to that fissure of the bowel with spasm of the sphincter. It is a very interesting and rather puzzling case to me as to what was the full extent of the trouble.

DR. SAUNDERS.—Mr. President, in these cases of which Dr.

Hughes has spoken, I will state that there are four cases of reflex gastralgia, due to adherent prepuce. In all these cases the separation of the adherent prepuce was followed by instantaneous and complete recovery. I have seen any number of such cases without any reflex irritation. These children complained of the same symptoms; one of the children for two years and more, another for a space of weeks. They have violent attacks of pain in the stomach. At night they wake from the soundest sleep and cry out with pain, in a few minutes they pass off and the child goes to sleep again. All medication in these cases was useless. This simple operation relieved them entirely.

DR. FORD.—I merely wish to remark, Mr. President, that, as a matter of course, every pathological phenomenon is attended by a group of conditions, which we term causes, although some one or more of these are more potent and directly efficient than the others. So far as the pathological manifestations under consideration are concerned, it by no means follows that every child which has an adherent prepuce, with adhesive balanitis, will certainly betray reflex symptoms at the precise time he may fall under the observation of any good practitioner, though he may do so eventually. Numbers of cases show no very obvious symptoms for a long time, and I have had much difficulty in persuading parents to pay particular attention to the matter.

It is difficult to make people believe that a mere adhesion of the prepuce to the glans without any manifestations of external irritation will inaugurate and maintain various reflex phenomena, disastrous in the end. In the course of time they will see their children grow up pale, with a poor appetite and with highly developed neurotic tendencies, which may in time become substantial and organic in character. Of course there are some of these cases in which the worst effects are not produced.

In children, I may remark, the glans is often uncapped with difficulty. In a great many children the preputral orifice is a mere pin hole, and in other cases, where the orifice is very small, it requires considerable force to retract the prepuce. In such cases balanitis with ultimate adhesions is the almost invariable result. The deposits of smegma behind the glans begin and maintain a new and intense irritation. The point that I have wished to call particular attention to, is the wide range of reflex phenomena which occur in many of these cases; nearly all of

them present the symptoms of mal-nutrition, and this of course results in weakening the powers of life and tends to convert functional derangement into true disease of muscle, periosteum, bone and nervous tissue.

Mr. Barwin has lately drawn up an account of one-hundred cases of hip joint disease of children and eighty-five had balanitis—perpetual adhesions. There is a great difficulty in examining girls, nobody likes to do it. I had a discussion with a lady this morning on this very subject. The parents say, the child is getting a long very well and we don't like to give the little thing so much pain. We all know the effects of these adhesions on the stomach. As regards the spinal column, I have never seen a case of Pott's disease that was actually caused by it, but I consider it highly probable that the influence of the constant muscular contraction—constant tension might produce such an effect.

DR. MCPHEETERS.—This is a very large and a very interesting subject, and as it has just been entered upon, I think this discussion ought to be adjourned over. I agree in the main with Dr. Ford in the importance of this reflex action. I don't believe it is possible for this adhesion to continue without its being followed by disease. There is another point in which I agree with Dr. Ford, and that is in regard to the necessity of having a sufficiently large orifice to the prepuce, I recently performed the operation of circumcision on a boy twelve years of age. Dr. Williams assisted me in it. In this case there was the pin-head opening. But the hour is getting late, and I hope this discussion will be continued to another evening.

DR. HUGHES.—Before the society adjourns, I would like to say one word which I neglected to speak of in my remarks before. There is a tendency among surgeons to take a wrong view of this subject of reflex irritation, and to conclude that, when they have an excentric source of a central trouble that is the whole trouble and that the knife is all that is requisite and this accounts for a good many mistakes. The extirpation of a redundant prepuce is a matter of little consequence, but when they go to the extent of Baker-Brown who excised the clitoris of certain persons, and when you come to conclude, as many surgeons are inclined to conclude, that when women have anything the matter with them, the fault is with either the ovary, or clitoris or uterus, and straightway operative procedure must be

resorted to, a great deal of harm may be done to the sex. A course of procedure is adopted towards females that would not be tolerated in practice in regard to males. Indeed, were it the custom when a gentleman presented himself at a physician's office to be examined, to make a genital examination in every case of head trouble, it would be taken as an insult. But this is the course which is pursued by some persons. I make no personal allusions. I don't mean any person here present. I allude to men who have extreme gynecological ideas, who see brains and everything else through speculi which must result in great harm to the race. Because Lauson Tait excised the ovary of his patient and partially recovered a mental trouble, it does not follow that every instance of a similar procedure will cure a similar central trouble.

The whole uterus was excised by Dr. Schenck at the woman's hospital, for a woman who was insane—not, however for the purpose of curing her insanity, and the insanity persisted after this operation. Probably I ought in justice, to say that there was an ovarium tumor with uterine implication and the operation I think, was justifiable, but if it had been done for the purpose of curing the insanity, it would have proved a failure.

SATURDAY, Nov. 5th. 1881.

**Report on the Tri-State Medical Society.**

Dr. Dickinson was asked to make a report of the meeting of the Tri-State Medical Society.

DR. DICKINSON.—Mr. President, it must be borne in mind, that this society is composed of the three states of Illinois, Indiana and Kentucky, and by a greater extension of the boundaries the cities of St. Louis and Cincinnati have been added, I suppose in recognition of the fact that some members of the profession of those cities have attended their meetings. It has got to be very much regarded that no reputable medical gentlemen are excluded from that body, or from its discussions, etc. The previous meeting was held at Louisville, and delegates from the three states were in attendance. It was on their own responsibility and not by any invitation of the members of the profession here, that they voted to meet in St. Louis. The meeting was held on the 25th., 26th., and 27th., of the past month; and while



the attendance was not as large as had been expected, it was a very successful meeting. There were over seventy physicians in attendance. It was called to order at about eleven o'clock on the 25th, and the president made his address and at the close of it, he broached the subject of the social evil law. He simply suggested the subject in order to elicit discussion. Some remarks were made by some of those present and an effort was made to bring about a discussion of the question, but few responded. The regular order of business was proceeded with; Dr. Washburn read a paper on Medical Orthodoxy. In this he attacked the code of medical ethics adopted by the American Medical Association. This paper was criticised and his remarks opposed by a member of the Association. A large number of papers were read, and they were listened to with great attention by the members present. The papers were all interesting with perhaps one exception, and I think the session, as a whole, was a profitable one, and that it was so regarded by those who were present. The next meeting is to be held at Terre Haute, on some day in September which was not definitely fixed. Nothing remarkable transpired. Dr. Center, read an interesting paper criticising the surgical treatment of our late President, in which he endeavored to show that the wound was not necessarily mortal, or if it was mortal, that it had been greatly aggravated by the meddlesome surgery of some who were in attendance. I did not think that his position was sustained, and I think that was the view of most of those present.

DR. SCOTT.—Dr. Dickinson said there was nothing remarkable about the Tri-State Medical Society. There was to me one very remarkable feature, and that was the hard, earnest work that the Association did—legitimate work. I think it was quite remarkable how that society stuck to their work all the time, and I think some of our larger bodies might copy very well from the example set us by the Tri-State Medical Society, and stick right straight to their legitimate work. There was no by-play. The American Medical Association should adopt a similar course. I think Dr. Dickinson will agree to what I say. It was very remarkable from the fact of the industry in persevering right straight along with the specific object for which it met.

DR. HUGHES.—If remarks of this kind are in order, I would like to speak in the same tenor as Dr. Scott. I really think this



society is one of the best working medical organizations in this country, and I say it with a full appreciation in my own mind at least, of its significance. I believe that this Tri-State Medical Association did better work at the last session here in St. Louis, than the American Medical Association did last spring at Richmond. I believe that the society did equal, if not better, work than the most of the medical societies—our own excepted,—that I have had the pleasure and the honor of attending. The papers read, with one or two exceptions, were of a practical and instructive character, and those who heard those papers will bear testimony that there were none of them worthless, and that they were generally lacking in one of the attributes common to papers read before medical societies. They were lacking in that evident intention on the part of the writers to puff themselves. There is an earnestness about the society, a zealous determination to advance the true interests of the profession that is truly commendable and is observed by all who come in contact with these gentlemen individually or collectively. It is very well known that it was in accordance with their wishes that no effort should be made by the citizens of St. Louis to distract them from their legitimate work, by having any entertainments—something which medical societies are proverbially known not to refuse—and in that respect they certainly were exceptional and remarkable. It has got to be pretty well known that the American Medical Association is an annual spree—as some member of the Association once said.

DR. DICKINSON.—I accept most cordially the criticism. I do think it was very remarkable in that respect. There is one matter I would like to call attention to, and that is the paper of Dr. Link on the "Re-formation of Bone." In this paper he gave his mode of treating stumps after amputation which he practices with great success, and has done so for several years. It is different from the method employed by surgeons generally. I will endeavor to describe it. He applies no ligature to arteries, but simple torsion. This mode I understand is particularly applicable to the circular operation which he has adopted. He leaves the wound open as he illustrated by his sleeve. After amputation he applies a bandage firmly and leaves the wound itself perfectly open, and when it heals there is simply a depression in the centre of the stump. He has practiced this method for sixteen

years, and says he has no reason to change it. He stated that he had presented this method at the meeting of the American Medical Association, and that it was received as a good plan, and adopted by the New York surgeons.

**DR. RUMBOLD.**—In 1862, I treated a patient of mine, in the Laclede Hotel, then called the Fifth Street Hospital, by applying adhesive straps to the stump of his right leg. Dr. Hodgen, then surgeon in charge, had amputated his leg above the knee, through the junction of the lower with the middle third of the femur. I did not bring the edges of the wound together, but left it open. If my memory serves me right, I applied six adhesive straps, brought them together about five inches below the stump, and attached a small sand bag to them. The man is still living in this city. While I was located at Jefferson Barracks, I treated other stumps, both arms and legs, in the same way.

**DR. PORTER.**—I think that some of the gentlemen have misunderstood Dr. Link's operation. From a conversation with him I got the explanation of his manner of operating, which was this: After the circular operation, the flaps are left open and a tight bandage is placed above. When granulation begins the flaps are gradually brought together until they form the solid stump. It is not the open flap, it is the circular operation left open for a time until granulation begins, and then it is gradually brought together.

#### **Presentation of Patient.**

**DR. PREWITT.**—I wish to present the case of a young man who is now in the hall. I had occasion some time ago to report a case of tumor of the neck, which I had removed from a boy five years of age who was greatly emaciated and anemic. I also presented the tumor which I had removed. Since the operation the boy has greatly improved in every respect in his general health, etc. The case of this young man is of tumors of the neck of the same character glandular tumors of the neck on the right side. They were quite large, extending from the zygoma to the clavicle and dipping down and resting on the sheaths of the blood vessels behind the sterno-cleido-mastoid muscle, disfiguring him very greatly. He came to me some months ago, and wanted something done. He had had various treatments for it, but it was evident that medication would do no good. It was

perhaps on account of the great disfigurement that he was so anxious to have something done. I consented to operate, and as you see I have made first a long incision in the side of the neck, and a traverse incision here, dissecting out the masses of tumors; dissecting forward until I laid bare the sheaths of the vessels and the hypoglossal nerve, and so on, cutting through the sterno-cleido-mastoid muscle. It is healing up nicely, and filling in very rapidly. There are some enlarged glands on the other side, of the same character. He asked me afterwards why I didn't take those out. I told him that I was very well content to get through one side at a time. As a matter of fact it was a very bloody operation in the end. After cutting and dissecting out a great portion of the mass, and cutting down pretty close to the sheaths of the vessels, I inadvertently divided some large veins—the facial and the lingual near their entrance into the internal jugular vein. They bled furiously, and it was very troublesome to get hold of, and ligate them. In ligating the lingual vein where it crosses the hypoglossal nerve, the nerve was accidentally inclosed in the ligature. This was afterwards removed, but, (to the patient, put out your tongue.) you see his tongue protrudes to the right. After I had ligated the veins and began to apply the dressing, he vomited and it all came off again. The blood flowed in perfect torrents, in fact, it poured out so profusely that I feared I had cut the internal jugular vein. I then succeeded in getting the forceps upon the veins, and closed them up. I had so much difficulty in getting the ligature applied, that I left the forceps and didn't attempt to remove them, but left them to hold the veins; and they stayed there until they became detached, in about four or five days. The mass projected out very largely, and was very disfiguring. And it was perfectly evident that no sort of medication would do any good. He had resorted to all sorts of treatment of that kind before. Of course there are other glands that are enlarged, but he felt so sensitive about this great disfigurement, that he was anxious to have something done.

It may be that there are other glands that are enlarging elsewhere—that there is a tendency to an enlargement of the glands about the body in various parts. Although this was a risky operation, he was anxious to have it done, and as a matter of fact, when these tumors about the neck have been once removed, and the patient escapes the direct danger connected with the

operation, they usually do well. I have another case of the same character—a girl about twenty-three years of age. She has a tremendous mass on both sides of the neck. She has a constant fever. The temperature is  $102^{\circ}$  or  $103^{\circ}$ , all the time, and it has been so week after week. In this case I can trace the enlarged glands behind the clavicle. And probably the glands in other parts of the body are enlarged. I think it is likely, that if she were not so much emaciated, and the tumors were only upon one side of the neck and could be removed, she would improve. But I don't think it would be justifiable to attempt any operation, because she is so very much emaciated, very much enfeebled, and we certainly could not attempt to remove them on more than one side at a time, and the other would be left to keep up the same condition of things. And if she survived the operation upon one side, it would still leave the other, and this would keep up the fever, etc.

**The Effect of Chronic Ulcers, Necrosis etc., in the Causation of Tuberculosis.**

This subject having been made the special order of debate, Dr. Wm. Porter was appointed to introduce it and said:

Gentlemen,

This is a question of great importance, and I hesitate at the responsibility you have imposed upon me in asking me to open the discussion upon it. The more so, as I know that different and even opposite views regarding tuberculosis are held by members of this society. Not expecting to harmonize all these theories, let me make a brief statement of facts bearing directly upon the subject.

It is taught that in one of two ways a local inflammation or pus-secreting surface or cavity may aid the development of tuberculosis.

1. By as a drain upon the system, diminishing the power of resistance, and so rendering the individual liable to tubercular invasion.

2. By absorption of purulent matter and detritus from the local processes.

Let us examine these positions separately.

To begin with, we may use the terms tuberculosis and phthisis as synonymous. Tubercle and tuberculosis are anatomical distinctions, but not to be ignored by the student of clinical medicine.

Indeed, it is now assumed by those most learned in pathologic lore, that, "in all cases of caseous phthisis, tubercles are imperfectly mixed up in the morbid changes."

1. How may a systemic waste be a factor in the inception of tuberculosis?

The foundation of tuberculosis lies in a diminished vitality of the bioplasm, the germinal matter of the system. This condition, inherited or acquired, favors the deposition of impoverished formative material in various localities, either as the result of inflammation as in the lung, or seemingly spontaneously in parts naturally designed for the reception of healthy bioplasm. This infiltration of degraded bioplasm, the phthino-plasm of Williams constitutes the main ingredient in early phthisis. Whenever this material is deposited, unable to form tissue or sustain life, it clogs the circulation, irritates the functions of the parts and so induces further changes in itself and in the surrounding structures. At first the infiltration, in the lungs for instance, is pervaded by blood-vessels like other new formations, but its elements so crowd upon each other that the vessels become occluded, the corpuscles shrink, fatty metamorphosis occurs, the fluid is absorbed and the yellow cheesy mass remains. This is the ordinary tubercular progression.

Now granting that, according to recent writers, like lobar pneumonia, like malarial fever, like syphilis, tuberculosis has its own cause, still the primary cause is, or at least finds good soil, within the impoverished condition described. From this stand-point there can be but one conclusion, i. e., that whenever a chronic ulcer or pus-secreting cavity becomes detrimental to the best power of resistance to a tubercular tendency, it should if possible be healed.

A word in reference to interference in such cases. As a surface irritation or a seton may in certain cases act as a counter-point to local determination of a tubercular tendency; so are there instances in which chronic discharge forms an ulcer, or the influence of an inflamed joint, may in a way not yet understood by us, also retard specific morbid changes. If a long continued discharge or inflammation does not give evidence of demolishing the strength and weight of a patient with a tubercular diathesis, it were good practice not to interfere with it, certainly not if there be active pulmonary disease. The rather should improved hygienic conditions, nutritives and tonics be combined to place

the patient on vantage ground both as to the diathesis and the local degeneracy.

2. The second position which we examine is that a præexisting local lesion, such as diseased bone, abscesses, ulcer or fistula may induce tuberculosis by absorption of the detritus. Rindfleisch becomes a prominent exponent of this doctrine when he says, "inflammation any where suffices, owing to the reabsorption of the inflamed matter, to call forth the eruption of humorous metastatic inflammatory deposits—the miliary tubercle." As this is the exact position in question, let us see if it can be maintained.

The theory of the absorption of tubercle and the consequent production of tuberculosis has been sustained by Villemin in 1865, and afterwards by Cohnheim, and a host of others. It must not be forgotten, however, that these, and especially Cohnheim, show that it is the absorption of tubercle which produces tubercle, while the inoculation and absorption of other matter may produce septicæmia, but not tubercle.

This then is the position we maintain:—There is no danger of tubercular auto-inoculation from a non tubercular ulcer, or inflammatory process. I ask your attention to the following facts:

1. Chronic inflammatory disease of the bones is a condition thought potent in the production of tuberculosis. But M. Coulon among 130 children with necrosis, found but 3 cases of phthisis, while on the other hand M. Houard found among 85 cases of tuberculosis in children, only one in which there was bone disease. And of 134 cases of chronic bone or joint disease, but 9 showed evidence of tuberculosis. Of 790 cases of bone and joint disease in St. George's Hospital Lond., only 10 per cent., had disease in other parts of the body; and tubercular disease was but a small proportion of the 10 per cent. Evidently there is not much danger of tubercular inoculation from necrosis.

2. It is claimed that local suppuration from non-tubercular ulcerating surfaces may, by absorption cause tubercle, but as before mentioned, such absorption may lead to septic poisoning but not to tubercular processes. On the contrary, chronic suppuration, especially from necrosis and caries is supposed to be the cause oftentimes of amyloid degeneration a very different sequence from tuberculosis.

3. Tröltsch claims that purulent otitis is not infrequently a

precursor of tubercular meningitis, but much importance cannot be reasonably attached to this, when we reflect how common an affection otorrhœa is in childhood.

4. It is held that fistula in ano may cause tuberculosis; but Pollock shows that the tuberculosis is generally the earlier affection; and is found in the advanced stages of phthisis much more frequently than in the first. Howard commenting upon this, says, if the absorption of cerpuscular products from abscesses, ulcers, etc., may induce tuberculous disease, how comes it, that fistula in ano is, according to Pollock, never associated with acute phthisis, the very variety in which the tubercle *par excellence*, i. e., the miliary, is present. He further says, that the existence of fistula in chronic consumption appears to prolong the duration of the pulmonary disease, instead of causing it to extend and take an acute form through the constant absorption of the inflammatory products.

These, with other facts which could be easily adduced, have led me to doubt the existence of danger of tubercular disease, from absorption of products of simple local inflammation. The best researches of modern pathologists confirm the old views of Laennec, that tubercle produces tubercle, as syphilis produces syphilis; and we may add, touching the question before us, as pus may produce pus poisoning.

In brief recapitulation:

1. Chronic local disease of the bones, joints, or freely suppurating ulcers, may so devitalize the patient, as to favor the advance of tuberculosis.

2. Local non-tubercular pathological changes do not give rise to tuberculosis by absorption of the products. The rather is it true, that tuberculosis is a primary disease—*sui generis*—for “not depending upon the mere accidental result of any ordinary inflammation, it cannot be produced by the causes of any ordinary inflammation.”

#### DISCUSSION.

DR. A. GREEN.—I think it is agreed by all the medical world, that whatever weakens the system, predisposes it to consumption; but I think we must make a difference between tuberculosis and phthisis. Not every consumption is actual tuberculosis. Again, I think it is universally conceded that the absorption of caseous matter—anything going to produce cheesy



degeneration—produces miliary tuberculosis. We know very well that if pus is not eliminated from the system in some other way, it may become either a fatty degeneration and be re-absorbed without any harm to the organism; or it may degenerate into caseous matter. In both the metamorphosis is the same, but in the one there is fatty degeneration—there is an albuminous fluid poured out into this from the system and it is made into a kind of emulsion, and thus the system is enabled to take it up through the absorbents. It may even serve as a physiological power. In the case of caseous degeneration, the first step has been the same as in the fatty degeneration, but the next step is not the formation of an emulsion, it will not make a good emulsion, and as the liquid matters afterwards dry up, it may produce an inflammation, or irritation of the parts and that will produce miliary tuberculosis. Now, if this be true, then it is very easily conceivable that any suppurating surface no matter where it is, in what part of the organism, may produce true miliary tuberculosis. That is if it goes into the caseous degeneration, instead of going into the fatty degeneration. But as I said before, anything that weakens the system may produce phthisis. Then again, if there is inflammatory process in the lungs, and the matters are not expectorated, they go over, perhaps, into fatty degeneration, and absorption takes place. But again, cheesy or caseous degeneration may occur, and these being absorbed produce miliary tuberculosis.

DR. BERNAYS.—Mr. Chairman, I am sorry I didn't take more notes of the paper when the doctor began reading it. I didn't think he would go over the grounds that he did, so I only took notes of the latter part. If I understand him right he takes the ground that there is nothing to prevent tuberculous disease of the lungs from being caused by any tuberculous ulceration in any other portion of the body—any tuberculous pathological process. In order to get at the question of the origin of tuberculosis, or in fact of the origin of any disease. We will suppose a healthy organism—born and put upon the earth to fight its way through life. Now that organism can only be diseased from two causes. Either it is hurt from without, or it bears in it the germs of disease hereditarily. We cannot imagine a child attacked by any disease except from one of those causes. But we will suppose that the child comes without any hereditary taint. Then



the only possible way that child can get sick is for it to receive an injury from without, either a surgical injury, or some injury of a climatic or meteorological character. Now suppose that child received a fall in the woods—taking a primitive example three or four hundred thousand years ago—the child falls and breaks its leg. Now, as there were probably no surgeons at that time, the leg most likely will grow crooked, or it may have a false joint formed and then between the two ends of bone there will be a chronic inflammatory process which will end in many cases in the formation of cicatricial tissue, not necessarily in cheesy degeneration; but suppose a hard winter comes on and the child's parents don't give it enough nourishment. Suppose the earth doesn't produce enough nourishment, so that the child is weakened. Now the place where that child's leg was broken will be the weak point, and there will be a degeneration of the cells and of the tissues. And I have no doubt that we will all concede that the next place where the products of the injury will be lodged, will be the lymphatic glands near the groin. Now that child may grow up and it is probable he will have trouble in the glands near the groin. Then suppose that child becomes a man and has children, those children will inherit a little bit of the injury that the parent sustained. And in that way we can understand the origin of disease. We have no right to suppose a specific origin for each particular disease. We know that you can inject into the veins of an animal—a rabbit for instance—little particles of dust, and we will see by the use of the microscope that every single particle of dust will cause irritation, there will be degeneration and a tubercle will be formed. The doctor described very ably the manner in which the cells will be crowded together, and a tubercle formed. There is another point in regard to the paper that I wish to speak of. The doctor stated that out of one hundred and forty cases of necrosis there were only three with tuberculosis. This is of no weight as an argument, because you must wait four or five years in order to find evidence of tuberculosis. Then it will show in the person's lungs. Then he speaks of fistula in ano; that complaint is a very good illustration of my standpoint. I believe in some cases, fistula in ano is secondary to tuberculosis, where the patient has primary tuberculosis of the lungs, but in other cases fistula in ano is the first lesion. For instance, a patient swallows a fish bone which passes through the abdominal tract

until it reaches the rectum, where it becomes lodged and perforates the mucous membrane of the rectum, and an abscess is formed and ultimates in fistula in ano. Another case which illustrates my position, is that which Langenbeck relates to his students. He says he has seen four or five cases of gonorrhea in young and healthy army officers who were subsequently troubled with hip disease. His explanation is this: The officer has a gonorrhea, then he has a little swelling in the groin, and pays no attention to it; the groin remains slightly enlarged, and in the centre of the gland there will be fatty or cheesy degeneration; from that results general tubercular hip disease.

DR. JOHNSTON.—I only wish to say a few words on this question. History repeats itself. Forty-three years ago, a worthy Professor at Lexington, Ky., taught us that consumption was a disease of the lungs which had its origin in the dust of certain occupations, as grinders for example, which, when taken into the bronchial tubes, produced a local irritation. We were also taught to give in these cases, tartar emetic, and experience proved that the patients died very rapidly. Then again we were taught to bleed in these cases. Now does experience prove that this position is correctly taken? I think not. Pollock has written a monograph, on what he terms tubercular consumption. That work was written about twenty years ago. He was a hard-headed Englishman, who reasoned and observed from facts, and also from pathology, as well as our German friends. Pollock shows that there are certain conditions that are especially apt to be attacked. You will find gradual emaciation and then in the morning there will be a slight cough, with a rapid pulse. You will find the whole of the nutritive system deranged, and this commences at the point of digestion. Now in that condition, the lungs, perhaps, being the weaker organs, instead of the joints, are attacked and there you have another process dependent upon local inflammation. There you have what is termed miliary tubercle by a law of development upon which a very small point may develop and grow. This breaks down into pus, and then the watery particles may be absorbed and eliminated from the system.

There may be a specific poison in consumption because it is known that rabbits have been inoculated with tubercular matter

from a living human being, and it produced tuberculosis and death in them.

DR. HUGHES.—I think Dr. Bernays is undoubtedly correct in his starting point. I don't know that I agree with him much farther. Undoubtedly there are only two sources from which disease may come upon a person: from within and from without. That is a very clear proposition. There is only an inside and an outside to a human being, and these are the only ways you can contract disease: it either comes upon him from without, or it issues from within. The illustrations in regard to the formation of tubercle may answer very well in Vienna or Austria, but they would hardly be appreciable in St. Louis, because if dust is the origin of tubercle, St. Louis ought to be a city of the dead, for our streets furnish dust enough to inoculate every mother's-son of us with tubercle a great many times a year. The illustration taken from Langenbeck, it strikes me, was rather far fetched. By what anatomical rule should a tuberculous degeneracy established in the groin find an invariable lodgement in the hip? I think it would take a great number of officers similarly affected and invariably affected to convince one that the irritation was a demonstration of a pathological effect. It would be necessary to take into account the number of persons similarly affected in the groin, or affected in the genitals and not similarly affected in the hip. Then it would be interesting to know something of the ancestral history of these individuals to ascertain if they were not of another nature. But I did not arise to discuss these questions, I simply make this criticism. The question of interest in the paper consists in the connection between issues and local chronic sores and tuberculosis. Now it is a well observed fact which has been for a long time noted, that the stoppage of certain chronic issues has been followed in certain individuals by the development of phthisis pulmonalis and I suppose that the question which would arise in the minds of most of us is, how to account for it? Why is it that upon the stoppage of a chronic drain upon the system which is supposed to stop the individual's vitality should be followed by the development of a disease which results from an aplastic deposit within a part, and which is itself a disease of degeneracy and exhaustion? Reasoning upon the subject, one would suppose that the stoppage of a chronic drain upon the system would be to conserve the remain-

ing vitality and enable the individual the better to combat disease elsewhere; but such is not the generally observed effect. This is the only point of special interest, it strikes me, in the paper. Now how is it that the stoppage of an ulceration, the healing of a fistula in ano, may be followed by the manifestations of phthisis pulmonalis? I confess myself unable to answer that question in any other than a conjectural manner, nor have I been able to glean from any other source, a satisfactory answer to that question, and if any gentleman has a more satisfactory, answer I would be glad to hear it. I cannot conceive how the stoppage of an issue can be followed by tubercular phthisis except upon the hypothesis, that the system becomes accustomed to this excentric irritation, and this excentric irritation acts centrally, so as to stimulate the vital processes and keep them raised to a higher standard than usual, and the purpose of this local disease or discharge is to supply the morbid process. When the issue, or whatever it may be, is healed, the irritation continues to act on the spinal nerves, or nerves of the cord, and this becomes a source of central irritation. It is a fact, I believe, a fact pretty well decided by well informed observers, that it is a somewhat perilous consideration, to stop, in a person who seems to possess tuberculous diseases, an hereditary or chronic issue. I believe, of course, that the local display of tubercles depends upon a diathetic condition.

DR. HURT—In my observation, those chronic ulcers which have been so related to tuberculosis of the lungs, as to suggest the idea of either cause or effect, are those which are usually found in or about the rectum or some other portion of the alimentary canal, and are, in all probability, tuberculous to begin with. But that a simple chronic ulcer upon an individual not predisposed to phthisis, would be calculated to induce phthisis, I am not prepared to say. I have observed, as Dr. Hughes has remarked, that the healing of ulcers, have sometimes proved dangerous and have been fruitful of the development of disease in some other form or some other locality. I was acquainted with a gentleman in my early youth, who reached a very advanced age before he died—very near one hundred years. This gentleman had, as long as I knew him, about twenty years, an ulcer on the tibia, which he called a fever sore. Not that I am certain that it originated in a fever, but my impression at that time was that it was so-called, for the reason that whenever it healed up,

by any process of treatment, he was thrown into a violent fever, which could not be arrested or controlled until a plaster, or some other process, was used to reproduce the ulcer. Then the fever would subside. It is possible that, by the arrest of the drain upon the system that is produced by an ulcer, certain matters may be thrown back upon the system which are unfriendly to the physiological processes, and produce morbid effects elsewhere. The ulcer may really be a conservative issue for the escape of morbid products that are generated in the system, and in that case it stands to reason that it would be unwise to heal an ulcer until we have prepared the system to eliminate these morbid products through some other channel.

DR. ANDERSON.—The point to which the discussion has reached at present is, the explanation of the influence of these chronic ulcers or issues upon the production or non-production of tuberculosis. The subject is an interesting one, and I have listened with great interest to both of the explanations given, one by Dr. Hughes, and the other just given by Dr. Hurt; but it strikes me that neither of these explain it exactly and fully. In the first place an increased nervous excitation doesn't induce a higher plane of life; neither is it conducive, it seems to me, to very perfect health in any individual that there is constant nervous excitation of the spinal cord. Neither do I think can we presume that the cause of the beneficial influence of these chronic ulcers depends altogether upon the freeing of the system from morbid materials. But there is a philosophy which has been often explained in this society which assigns another reason for the connection between the production or the following of tuberculosis in the closing of chronic ulcers. That is, the view that all vitality or vital force depends upon and is consequent upon decay or decomposition of the organism. Now we have here a chronic sore. Granulations are continually being formed and passing off into pus. There is an increase of vital action, and increased decay of the organism at that point, and this decay generates or causes increased vitality in the individual so that we have a state of health produced simply by the greater destruction or wear of the organism at this point, and hence the healing of such a sore would deprive the system of one stimulant or tonic and it would at once be followed by the production of adynamic disease. That is not a new theory. It explains the result we

derive from the common use of blisters, for instance in the chronic stages, resolvent stages of inflammatory disease. It is hard to explain the action of blisters. I believe they do good through their tonic influence, they increase the cell action. This explanation, to my mind, is a very satisfactory one in this point given, in regard to the connection of fistula in ano, old sores etc., to the better health of the individual and the consequent tuberculosis upon their healing.

DR. RUMBOLD.—My observation with respect to the relation of an ulceration or a drain to pulmonary disease is this: The curing of an ulcer or a drain, like a fistula in ano, that precedes an attack of phthisis, improves the lung complaint; on the other hand, the healing of an ulcer or a drain, like a fistula in ano, that succeeds an attack of chronic lung complaint, makes this complaint worse. Stated in other words: When the fistula in ano is the primary complaint, and is successfully treated, the tubercular condition is then improved; but if the fistula is the secondary complaint, then its improvement results in injury to the tubercular condition of the lungs.

DR. PORTER.—In regard to this subject we all have our theories—we are all crammed with theory. The relation of tubercle to phthisis, is a mooted question. Whether all phthisis is tubercular or not, is being settled very fast. I don't want to discuss that question. It seems to me that the points at issue have scarcely been touched, certainly not settled by this discussion, and I would like to have it continued on next Saturday night, and I hope the question will be held to, that is: The influence of inflamed joints, setons, fistulas etc.

## Periscope.

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### ARTICLE LXXXII.

**AN ACCIDENT WITH HYDROFLUORIC ACID.**— [The subject of this distressing accident was Mr. Robbins, assistant in the chemical laboratory of the Institute of Technology. The patient is a man of very acute observation as well as a considerable degree of medical information, and I urged him to prepare an account of his experience with this acid, as it was the first case of injury of this kind I had ever seen. He acceded to my request, and the following paper, with a few unimportant changes, is his own account of this rare occurrence. ALBERT N. BLODGETT.]

“Fluorine as an element, is as yet unknown, it never having been isolated. The reason of this is that it is so destructive to all apparatus used for the purpose. It has been studied in its compounds and reactions, and its atomic weight has been determined indirectly. It is the only element which has no known compound with oxygen. It unites with many other elements as a monatomic acid radical and forms fluorides and also forms quite a number of double salts. Nearly all these compounds affect glass in the presence of moisture. Its hydride is a strong acid like that of chlorine and is a gas. It dissolves many of the metals to form fluorides, is easily absorbed by water, and the liquid acid is obtained by saturating distilled water with the gas. It has little effect upon platinum or lead and is transported in gutta percha bottles as it affects neither this nor wax nor paraffine, but its action upon other organic substances is often very energetic. I once attempted to redistill some of this acid as it is formed in these bottles, but neglected to dilute it one half as is usually done when it is wished to condense it without a freezing mixture. When heated, the gas began to come over without condensing. It charred the wooded box which surrounded the receiver and dissolved and volatilized a piece of writing paper which was exposed to it, leaving only a slight film of a gelatinous substance probably the gum from the sizing of the paper. Concerning the action of this acid upon animal tissues little is known. Wurtz's dictionary gives the fullest account of it which I have been able



to find. He says in substance that it corrodes the skin, giving rise to insufferable pain, and produces a deep ulcer which is very difficult to heal; small drops of it being sufficient to produce white and painful blisters. I had not read this, and was not aware of the great severity of the action of this acid, and I carelessly used the stump of a match, the wood of which was saturated with the acid above referred to, to remove the lime, etc., from the surface of a piece of porcelain so as to obtain the freest action on the part where I desired to etch a hole through it. When I first noticed that it was getting upon my fingers I washed them and greased them with tallow, and thinking they were sufficiently protected I went on with my work. For about an hour and a half I had the match in my fingers the greatest part of the time. Just before I got the hole through I noticed that the ends of my forefinger and thumb were beginning to be unsensitive, and I felt a curious sort of dull pain that perhaps might best be described by saying that my fingers "hurt" a little. When through, I washed them well, applied dilute ammonia water and washed that off, and then applied bicarbonate of soda, but these measures did not relieve the pain from soon becoming very uncomfortable. and I dressed the fingers in a mixture of linseed oil and lime water, as it felt more like a burn than any thing else. This was done between eleven and twelve A. M. That afternoon I made an organic combustion, and the pain gradually increased till toward the last it seemed a question whether the furnace or my fingers were hotter. In the evening I began to feel alarmed and consulted Dr. Blodgett.

"At this time the ends of the fingers were white and very hard so hard indeed as to dull the scalpel with which he endeavored to cut away some of the skin. The action was still going on; and as the depth to which it had penetrated could not be determined a dressing of cold cream was applied, and later vaseline was used but neither seemed to allay the steady increase of the pain which now most nearly resembled the sensation of a burn when held near the fire. The only relief obtained was by the application of cold and this was only partial, and the only variation in it was from bad to worse, and at last it became the most severe pain I can imagine, and it was not till four o'clock the next morning, and with the aid of one hundred and ten drops of laudanum, that I was enabled to obtain sufficient relief for a broken nap. The next day the pain had subsided and the acid had penetrated



quite a distance below the skin, rendering the flesh totally insensible and hard, having adstracted all the water from it. The other fingers were only slightly swollen, and the swelling did not extend back as far as the hand, showing that the blood was not poisoned at all. My usual good health was only temporarily and slightly impaired by the laudanum, but no other medicine was given. The course of treatment was to remove the destroyed tissue. This it was though best not to do with the knife but poultices alternating with frequent soakings in very hot water were constantly employed, which proved effectual, although slow, in its operation, it being fully twenty days from the time of the injury till the slough was all removed. It was very dry and tough, and by no means inclined to separate from the surrounding tissues. In four weeks I abandoned all dressings to the fingers and was able to use them a little. Only a small permanent loss of tissue has resulted, but now after three months the scars are tender and the sensation is perhaps permanently destroyed. This agrees with the action of this acid as stated by Wurtz, especially as regards the pain, but he does not mention the very important fact that no pain is felt for some time after contact with the acid, which in my case was between one and one and a half hours, and by this time the surface has become so hard that it is difficult if not impossible to check the action underneath, so that the damage is for the most part done before one finds it out.

"The difficulty in healing appears to consist in removing the slough, as it heals very quickly when this is out of the way, and after the first siege of pain, which is a long and severe one, the sore is no more painful than any other of equal size. I think that should I meet the same accident again I should lose no time in washing it off as thoroughly as possible and then apply water-glass if this were accessible; if not I should use an alkali, and if possible soak the part in water as hot as could be borne, and apply cold cream or some other dressing which will keep the part soft and also exclude the air.

"I have also heard of two other persons who have had misfortune with this acid; they were Dr. C. F. Folsom and a Mr. Lodge. The latter had the end of his thumb badly burned. It was three months in healing and quite a loss of substance resulted. I think that books on chemistry and teachers of the science should give greater precautions as to the use of this dangerous reagent. From the fact that this acid so effectually hard-

ens animal tissue without distorting it I think it might perhaps be employed by the histologists as a hardening agent for the soft tissues, especially of the nervous system, as a means of preparing them for microscopical study. I having never known this experiment to be tried, and it would be necessary to use it in very dilute form, but as far as my own observation extends, the action on the tissues would be exactly what is desired."—[*Boston Med. and Surg. Journal*.

**A SO-CALLED HERMAPHRODITE.**—There is now in London a young Frenchman who presents peculiarities alike interesting physiologically and anatomically, and distressing socially. The child of healthy Parisian parents, there was nothing peculiar noticed about him as an infant; he was believed to be a female, and named, registered and dressed accordingly. At about the age of eight years some suspicion arose that the genital organs were peculiar for a girl, but no special notice was taken. As a child he played more freely with his brothers than his sisters, and liked bicycling and riding horseback and boyish sports. Later he went to a girl's boarding-school, where he staid till sixteen years of age. He is now twenty and dresses as a woman, and his appearance in that attire is not in any way striking. The face is smooth and plump, with no sign of beard or whiskers, but a very few fine and short hairs are growing from the extremities of the upper lip as in a boy of fourteen. The growth of hair from the scalp is luxuriant and reaches below the waist. He asserts that no means of stimulating this growth has been adopted, and speaks of the trouble of constantly having to cut it. The voice is neither markedly masculine nor feminine. The larynx is small, the thyroid cartilage is not prominent, and has all the outward characters of that of a woman. The mammae are well, not largely, developed, and glandular structure is distinctly to be felt; the nipple is fairly well formed, and pinkish in color. There is a very scanty growth of dark hair on each axilla. The pubic hair is abundant, but does not extend up towards the umbilicus in the middle line. There is a distinct penis about two inches long, with a well-formed glans, and the meatus urinarius is represented by a dimple. The prepuce forms a kind of cowl over the glans, and is wanting below. The scrotum is completely divided along the middle line, and in each half is a well-developed testicle, with a normal epididymis and spermatic cord. On sepa-

rating the two halves of the scrotum the opening of the urethra is exposed at the root of the penis, funnel-shaped, and easily admitting the little finger as far as the membranous urethra; a catheter passes readily along it into the bladder. On the inner side of each scrotal half, and close to the orifice of the urethra, is a muco-cutaneous fold very like a nympha. The perineum is logn, like that of a male. By rectal examination the outline of the prostate is readily defined. The thighs and legs are distinctly of the masculine type, as is the gait; the arms are also those of an unathletic man, and the hands are large. He has good health, but requires a good deal of exercise to keep well. He asserts that he has no exclusive preference for either sex, and that he has been in love with both men and woman. There is the usual evidence of functional activity of the testicle, the associates of this man speak of his general demeanor as masculine, though occasionally markedly feminine, and they often say of him that "she is a good boy." Of course, there is no question as to the sex of this individual; he is a man with hypospadias. The special features of his case are the development of the breasts, the growth of hair from the head, the hairless face, and small larynx. It is not strange that in infancy he should have been taken for a girl, for with the smaller size of all the external genitals, the resemblance to the female sex must have been very close. It is an interesting question how far the resemblance in character to a woman—such as it is—is due simply to his education and constant association with women, or how far it is dependent upon some original peculiarity similar to that seen in the development of the mammæ and hair.—[*Lancet*.

SCROTAL CALCULUS.—A unique case of this affection is reported by Lippman, in the *Wratschebuyja Wedomosti*, 1881, No. 454. The patient, a peasant sixty-eight years old, stated that fifteen years previously he had suffered from difficulty in passing water, which finally became so aggravated that he consulted a physician, who removed from the scrotum by incision a stone weighing one hundred and twenty grammes. An urethral fistula resulted, through which all the urine passed, at first with ease, but of late with increasing difficulty. On examination a fistula was found just behind the peno-scrotal junction. All endeavors to pass a metallic or an elastic catheter per urethram were futile;

only the anterior portion of the pendulous urethra was permeable. The scrotum was as large as a child's head, and was distended by a hard mass. The testicles were dislocated toward the external inguinal apertures, and were very much atrophied. On introducing a catheter into the fistula, it was arrested by a stone. On the following day an incision was carried from the fistula backward along the raphe of the scrotum, and four calculi, weighing in all forty grammes were removed. They were rough, of a grayish yellow color, showed facets, and consisted of phosphates. When placed in apposition they were as large as a goose egg. The cavity left after the operation was cleansed with carbolic acid, drained, and healed kindly leaving a fistula, through which the patient urinated. Later he emptied his bladder with the aid of a self-made catheter, consisting of a goose-quill.—[*Centralblatt für Chirurgie*.—[*Medical Record*.

**CONGENITAL LUXATIONS OF THE FEMUR.**—Dr. Pravaz, in the *Lyon Médical*, for July, 1881, quoted in the *Glasgow Medical Journal*, discusses this interesting question from a hitherto neglected standpoint. During six years, from 1863 to 1878 inclusive, he recorded a hundred and twenty-five cases of congenital luxations of the femur. Of this number he noted, in a hundred and seven, the sex of the subject, the simplicity or complexity of the affection and the side of the luxation. He states the results as follows:—

	Double.	Right.	Left.	Total.
Male,	7	1	8	11
Female,	44	28	24	96
	—	—	—	—
	51	29	27	107

From this it will be seen that the female sex offers an enormous proportion compared with the male; that the luxations of the one side do not markedly preponderate over those of the other; and lastly, that the number of double luxations is equal to the unilateral.

He concludes that these luxations are due to many causes, and is of opinion that it is to the comparative shallowness of the acetabulum in the female sex that the greater liability to displacement of the femur in females is due.—[*Med. and Surg. Reporter*.

**TREATMENT OF BURNS.**—Dr. Nitzsche, surgeon to a large

iron foundry, reports to the *Deutsche Medizinal-Zeitung*, No. 2, 1881, his plan of treating the numerous burns which happen at his works. After careful disinfection of the burnt surface with carbolic acid he covers it carefully with a thick paste made of linseed oil and litharge, to which is added five per cent. of salicylic acid. As soon as this has hardened the process is repeated. Over this is applied a thick bandage, and then an elastic bandage which is made to exert considerable compression. As a rule no change of dressing is required as healing is quite rapid. Now and then localized suppuration takes place when he removes the upper layers of dressing, sprinkles the surface with dry salicylic acid, and replaces the dressing.—[*Lancet and Clinic*.

**HYPODERMIC INJECTIONS OF FOWLER'S SOLUTION IN THE TREATMENT OF CHOREA.**—This method of treatment has proved very efficacious in the hands of Dr. Edward C. Mann, of New York, who, in the July number of the *Alienist and Neurologist*, publishes an article on the nature, pathology and treatment of this affection. In order to avoid any local irritation he uses a mixture of equal parts of Fowler's solution and water. Very rapid improvement generally takes place under this treatment from the first, and the patient gains flesh. He commences with three minims, and injects, subcutaneously, for a week, every other day, and on the second week increasing the dose to five minims every other day, increasing two minims each week, and in from one to two months a cure is obtained. In recent cases a month or six weeks will generally suffice, while in old cases sixty or seventy days may elapse before a cure is accomplished. In troublesome cases he also uses as adjuvants, ether spray or ice bags to spine, and electricity. By this method of using Fowler's solution, the gastric disturbances, which are produced when the medicine is given by the stomach are avoided, and the good effects which we can obtain are very much more rapid.—[*Med. and Surg. Reporter*.

**RODENT ULCER AND EPITHELIOMA.**—Rodent ulcer and epithelioma are undoubtedly closely allied affections, although rodent ulcer differs in some important respects from epithelioma.

Rodent ulcer does not affect lymphatic glands, whilst epithelioma does, and often at an early stage of the disease.

Rodent ulcer is a rather dry ulceration with only little secro-

tion and no fetor, and the granulations are small. In epithelioma the secretion from the ulcerated surface is abundant and foetid, and the granulations large, exuberant, and often in bosses.

Rodent ulcer is confined to the upper part of the face, whilst epithelioma, although it has a preference for certain localities, may under certain conditions attack any part of the body.

The points of resemblance between rodent ulcer and epithelioma are :

Both rodent ulcer and epithelioma are new growths, composed mainly of epithelial cells; and the new growth is only part involved in the ulceration. As the growth increases and includes more of the skin and deeper tissues, so the ulceration continues to extend; but the ulceration does not go beyond the new deposit.

On one point I am quite settled, that rodent ulcer, if left, will in time so change its character as to become true epithelioma. I cannot say whether this change is due to a mere progress of the disease, or whether it is that rodent ulcer is peculiarly apt to have superadded to it the characters of epithelioma after the same manner as that of old standing ulcers, unhealed wounds or scars, or other simple sores that become epitheliomatous.—[Lawson, *Ophthalmic Hospital Reports* Vol. x., part ii., 1881.—*Lancet and Clinic*.

**SURGICAL TREATMENT OF HYDATID CYSTS OF THE LIVER.** —In a recent memoir on the above subject, M. Roger, of Havre, arrives at the following conclusions:—

First. The slow opening by means of caustics is a painful and slow process, uncertain as regards the end it is desired to obtain, and having also its martyrology. Second. Capillary puncture, with or without aspiration, is successful if the cyst is unilocular, but not otherwise, and if several punctures are made there is danger the contents of the cyst may become purulent. The direct and primary puncture, with a trocar of large calibre, is the method accepted by the author. He allows the canula of the trocar to remain untill it is almost ready to drop from the wound; he considers that by that time adhesions have become established between the visceral peritoneum and that covering the external parietes of the abdomen, so that, consequently, when a rubber sound is introduced the liquid escapes outside the abdomen, and there will be no danger of peritonitis.—[*Medical and Surgical Reporter*.

## Book Reviews.

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### ARTICLE LXXXIII.

**NOTICE.**—In order to secure reviews of books it will be necessary to send duplicate copies of the same. Authors sending reprints will please remit them in triplicate in order to obtain notice in this department. In all cases, where *single* copies of books or pamphlets are sent, a mere acknowledgement of their receipt only will be made.

**PHOTOGRAPHIC ILLUSTRATIONS OF CUTANEOUS SYPHILIS.** By GEO. HENRY FOX, A. M., M. D. Forty-eight plates from life, Colored by Hand. No. 10. Syphiloderma Ulcerativum, five cases. No. 11. Chancre, Chancroid, Periadenitis, Condylomata Lata. No. 12. Syphilis Hereditaria, three cases. Dactylitis Syphilitica, four cases. (New York: E. B. Treat.) Price per part, \$2.00.

These three parts complete this valuable work and we have so often made commendatory remarks upon it that at the present time, they are superfluous. Syphilitic ulcers are well shown in part 10, and are beautifully colored, being as near an approach to reality as is in the power of art to do at the present time. The different varieties are exceedingly well shown in the four plates, and any one acquainted with the forms will recognize them at a glance.

In part 11, is given a photograph of a perforating syphilitic ulcer of the nose, and its truth to life is something remarkable. We have seen similar ones, and the similarity is not only striking, but the expression of the face and other details are so well brought out that it makes a characteristic and classical clinical picture.

Chancre and Chancroid are good pictures of typical cases, but of course can not serve as very reliable for the purpose of diagnosis, as every one knows the difficulties often encountered, recourse to auto-inoculation being often resorted to, to establish the differential diagnosis.

The specific and non-specific condylomata are very well shown side by side, and the difference can be very easily seen even upon superficial inspection. These are very good photographs and very clearly brought out.

In part 12, plate XLV is a striking one, showing the peculiar notched teeth of hereditary syphilis. The eyes also as well as

the general expression are typical and show the patient in pretty fair condition. The next two plates show a further invasion of the dread malady, in which the true horrors of a hereditary taint are shown in a couple of examples.

The last plate illustrating syphilitic dactylitis is good, although inferior to some that have preceded, there being absent that sharpness of outline and fulness of definition found in many others. The cases are good, and we cannot glance over the whole work without congratulating all concerned in its publication upon the great success they have achieved.

The publisher announces that he will shortly publish this series of photographic Illustrations to Skin Diseases, and Cutaneous Syphilis, in the French and German languages, editions being in the course of publication in Paris and Leipsic. We are sure that they will meet with that hearty support which they so well deserve.

1. WALSH'S PHYSICIANS' CALL-BOOK AND TABLET. Price \$1.50.

2. THE PHYSICIANS' HAND-BOOK for 1882. By WILLIAM ELMER, M. D., and ALBERT D. ELMER, M. D. (New York: W. A. Townsend, Publisher.)

3. THE PHYSICIANS' MEMORANDUM BOOK. Arranged by JOEL A. MINOR. (Ann Arbor, Mich. Joel A. Minor, Publisher.)

4. THE PHYSICIAN'S VISITING LIST for 1882. (Phila.: Lindsay and Blakiston.)

5. WALSH'S PHYSICIANS' HANDY LEDGER. 600 patients, \$3.00; 1200 patients, \$5.00.

1. This is a visiting list that is good for any time of the year. The blank pages for registering are so ruled that they will accommodate a practice of thirty-five patients each week of the year. There are also blanks for obstetrical, vaccination and death records etc. The book is beautifully and strongly bound in red leather, and being but three-eighths of an inch thick, is convenient for the pocket.

2. Elmer's Hand-Book has been in long use by the profession, and is truly a good one. It is arranged in a neat and compact form, and fully deserves the large sale it meets.

3. J. Minor's Memorandum Book is not such an old and established visiting list as the preceeding ones, but it is fast gaining popularity. It has its supporters, and this is so, because it is so arranged that records of the course of cases can also be kept.



4. Lindsay and Blakiston's List is old and well-established. We do not care to repeat the many commendatory remarks with which it has always been greeted by the profession, and the best method of judging its merits is to give it a trial, and no one we are sure, will be disappointed.

5. This Ledger is a companion to the above Call-Book, or any other Visiting List. It is so simple and so complete, that half an hour each week is all that is needed to post up a really large practice. The plan is such that any one can see at a glance the state of the account, that is the days of each visit and the dates of the payments. It is really the best system of book-keeping that has ever been offered to the profession. We advise every physician who does not have one of these ledgers to send to Dr. R. Walsh, 332 C street, Washington, D. C.

ON LOSS OF WEIGHT, BLOOD-SPITTING AND LUNG DISEASE. By HORACE DOBELL, M. D., 2nd. Edition Revised, enlarged and Annotated, to which is now added Part VI, on the Functions and Diseases of the Liver. 8vo. pp. 306. (London: J. & A. Churchill, 11 New Burlington St. 1881.)

The author has dedicated his work to his principal foreign coadjutors who have assisted him in his annual reports on diseases of the chest. Of these he has named sixty-eight.

He commences the preface of his second edition by quoting from a letter, received by him from Thos. Watson, the Nestor of British medicine. This letter contains truly very encouraging words.

It is generally thought that persons having hæmoptysis with pain in the lungs and associated with loss of weight, are in a fair way of being the victims of consumption, but either of these conditions may exist alone, they may be due to a variety of causes, and may be independent of each other. If this is the case, the various symptoms may require as many varieties of treatment, but before this conclusion is arrived at, the symptoms will require a separate and careful consideration, this separate and careful consideration is the subject of the book, and as Watson has truly said it contains a "store-house of instruction scarcely ever to be seen."

Part I. contains the discussion on hæmoptysis and pulmonary consumption. These remarks are reinforced by clinical research.

Part II. continues the same subject with the observations, opinions and doctrines of others.

Part III. gives the treatment as used by different practitioners in this and other countries. In this part he discusses the dangers of elastic compression; of the internal use of iron; of the

*modus operandi* of remedies, and their appropriate adaptation to special cases.

Part IV. takes into consideration the causes of the loss of weight arising from pulmonary consumption. He considers the maintenance of a stationary weight a wonderful evidence of the perfection of vital existence. He then discusses the means of the loss of weight during the progress of the disease, such as expectoration, sweating, diarrhoea, high temperature, defective quality of food, excess of exercise, over-food supply, etc. In this part he gives his answer as to what is tubercle, the closing discussion, is the contagiousness of the disease.

Part V. is devoted to treatment. In this part he discusses the best remedies to assist in assimilation and local rest to the lungs, ending with the principles governing diet and disease.

Part VI. which was published in the JOURNAL, and at that time called forth many flattering remarks, treats on the functions and disorders of the liver and their management in accordance with the results of modern discovery. The whole work is really a very able one, but this part stands pre-eminently the most valuable, and deserves the very careful consideration of every careful practitioner of medicine. The great influence of the liver on every disease that afflicts the body is well known, but it is doubted that its importance in connection with the lungs has been duly appreciated, and this close relationship is well shown in this part of the work. He has separated this subject into six heads; viz. Digestion and Assimilation of hydrocarbons; Carbo-hydrates of Albuminoids; the Disintegration of nitrogenous matter and evolution of heat; the retrograde congestion and fatty enlargement. The function of the liver in connection with all these processes is carefully reviewed. He closes by giving the proper treatment of the disorders of the liver by diet, hygiene and medicine. We cordially recommend the work to the profession.

THOS. F. RUMBOLD.

## Editorial.

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### ARTICLE LXXXIV.

#### THE SAMPLE COPY FIEND.

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Newspapers and their editors have a horror for a certain class of individuals who are known as "Exchange fiends." Medical journals have a still greater evil to contend with in the "Sample Copy fiend." He is an individual who obtains all his medical literature at the cost of a few postal cards. He sends a request for a sample copy, darkly insinuating that he may become a prospective subscriber. This he does to impose on the good nature and credulity of his intended victim. He succeeds almost invariably, and looks about him for another, and so continues his nefarious traffic until, in a few years, he comes back again to the first, and is always supplied with medical journals.

We have lost quite a good deal of money, by such business, and we would suggest to medical editors to form an alliance by which lists of these "fiends" could be exchanged and they repulsed with a deserved sneer. They prey upon the medical publisher, and must be put down, and now is as good a time as any we could suggest. We have a list of names that cost us between eighty and ninety dollars, which we will cheerfully send for the small remuneration of a one-cent stamp, providing that the editor receiving it will kindly reciprocate on the same terms.

THE JOURNAL.

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This number concludes the forty-first volume of the JOURNAL, and we hope that our readers have not been disappointed in its appearance and contents during the past year. We have endeavored to give them not only their money's worth, but even more, and we will make the JOURNAL for 1882 better than it has ever been, as we are fully aware that there is some room for improvement. To do this, however, and to make the JOURNAL the representative medical publication of the West, it is necessary that our western physicians should take an active interest in it, not to quietly await each issue and criticize it, but to lend a helping hand by contributing whatever may be valuable in their practice or whatever new and useful ideas they may have gathered in their studies and observations of facts.

It is only by such aid cheerfully and eagerly given that a medical publication can prosper and become useful and indispensable to its readers. We will do all in our power to effect this, and hope that the active coöperation of all of our readers will be spontaneous and forthcoming.

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The case of trephinning of the mastoid process for ear disease, mentioned in the Sept. No. of the JOURNAL, page 323, operated on by Dr. Golden-Bird, in the London Hospital, made a good recovery. The size of the stream of blood that spirted from the wound was as large as a lead pencil.

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## DR. HODGEN'S LECTURES ON FRACTURES AND DISLOCATIONS.

We promised these lectures to our readers during the year 1881, but it was impossible, on account of Dr. Hodgen's many engagements, to get them ready. The first lectures will appear in the Jan. No. of 1882.

### THE PERISCOPE.

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It is our determination to make the JOURNAL more complete by giving greater attention to our Periscope. This department will be much enlarged in the coming year. It will, in every issue, embrace all the departments of Medicine and Surgery, but prominence will be given to Diseases of Children; Diseases of Women, including Gynæcology; Pulmonary Diseases; Mental Diseases; Hygiene; Pathology; Ophthalmology and Diseases of the Nose, Throat and Ears. While Reports on the Progress in each of these departments will be made by physicians, who have for years given special attention to them, yet it is thought that a judicious Periscope taken from the original contributions of our exchanges should be given to a much greater extent than has formerly been done.

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### SUPPORT WESTERN JOURNALS.

Almost every medical periodical in the West deserves to receive the hearty support of the Western practitioner. Each year, the studious physicians of our section are made to know, through a kind of experience that does not benefit them in the least, that the best medical journals for them to read, are those that contain the views of Western practitioners, and that the theory and practice contained in the Eastern journals, whether it suits Eastern diseases or not, are certainly not appropriate for our diseases. It has been observed of late years, that many of the contributors to the Eastern periodicals, if not a majority of them, are from young men who are much more apt to write a long article, than they are to give practical ideas. How is it possible for them to give practical advice, having no practical experience. It is no doubt satisfying a really laudable ambition,

for a young man to contribute even his partially crude theories to medical journals; but is this profitable reading for our Western practitioners?

In the Western and South-western States, there are a little over 26,000 physicians. From our agents we learn that scarcely one-half of them take a medical periodical of any kind, and that half of those that do read medical periodicals, take none but an Eastern publication of the cheapest species, so cheap indeed, that the thing will be sent whether it is paid for or not. These Eastern things are published by manufacturing companies, who hope to sell some of their preparations to their readers. This leaves nearly 20,000 Western physicians who do not take a Western medical journal. Their only source for improvement in medicine being from their practice, which may frequently cause their patient to suffer severely.

There is no better means of increasing one's stock of information in medicine, than by reading a well conducted medical journal, published in the section of the country in which the practitioner lives.

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#### TO CONTRIBUTORS OF ORIGINAL ARTICLES.

Unless an original contribution will be very materially injured by publishing it in several issues, those that will occupy more than six pages will be divided. We wish our contributors to note this. It will not be very difficult for them to so compose their articles, that this division can be made without injury to the subject.

Very many writers disgust the readers, by contributing long papers, when shorter ones would present the whole of their ideas. Not one quarter of the long articles of any medical periodical are ever read, except by those who are very much interested in the subject.

### Books and Pamphlets Received.

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#### ARTICLE LXXXV.

Artificial Anæsthesia and Anæsthetics. By Henry Leyman, A. M., M. D. 8vo. pp. 338. (New York: Wm. Wood & Co. 1881.) Sept. No. Wood's Library of Standard Medical Authors.

A New form of Nervous Disease, together with an Essay on Erythroxyton Coca. By W. S. Searle, A. M., M. D. 12mo. pp. 138. (New York: Fords, Howard & Hulbert, 1881.)

A Practical Treatise on Hernia. By Joseph H. Warren, M. D. Second and Revised Edition, fully Illustrated. 8vo. pp. 428. (Boston: Jas. R. Osgood & Co. London: Sampson Low, Marston, Searle & Rivington, 1882.)

A Manual of Practical Histology. By T. Mitchell Prudden, M. D. 12mo. pp. 265. (New York: G. P. Putnam's Sons, 1881. St. Louis: Hugh R. Hildreth Printing Co.)

Rudolf Virchow. An Address, introducing the Course of Lectures of the Term 1881-82. By A. Jacobi, M. D. (Reprinted from the *Medical Record*, Oct. 22, 1881.)

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## News Items.

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### ARTICLE LXXXVI.

We have been creditably informed that Dr. Frank Lutz of this city, Surgeon to the Alexian Brothers' Hospital, has been invited by the Medical Department of the State University, to deliver a series of lectures. This is a well deserved recognition of the abilities of one of our most prominent young surgeons, and we have no doubt that his presence will prove a most valuable addition to the corps of lecturers. Dr. Lutz is well and favorably known by the profession, not only of St. Louis, but of the State, and the University is to be congratulated upon having secured his services as lecturer. His lectures will be devoted to the Surgery of the Abdomen, and we are sorry that other engagements will deprive us of the pleasure of listening to what no doubt will be an instructive series of discourses.

The Royal Belgian Academy of Medicine offers a prize of 1,500 francs for the best essay on Alcoholism, the limited time expiring Feb. 15, 1883. The question is to determine by means of precise observations in a somatic and psychical point of view, the effects of alcoholism upon the individual and his progeny. It is to be understood that in treating of alcoholism from a physical standpoint, the various known authorities in pathological anatomy as well as the best references in regard to recorded legal testimony are to be utilized in order to establish the limit between alcoholism and insanity, as well as the responsibility of an alcoholic for his acts.

Address A. Thiernesse, Secty. of the Royal Belgian Academy of Medicine, Brussels.

**BURIED AT SEA.**—On the steamer Parthia which reached New York Sept. 14, Professor William Warren Greene, of Portland, Me., sailed from England. He had gone with other prominent physicians to attend the International Medical Congress at London, which was held in August, and at it he had on several occasions put forth opinions on surgery which called for the learned

consideration of his colleagues. His remarks on the causes of failure in obtaining union in operation wounds and on the method best calculated to secure it had been preserved. Long a sufferer from Bright's disease, Professor Greene was unable to continue his stay in England, and as his symptoms took the appearance of uræmia, which he felt would be fatal, he took passage for home. Drs. Sayres and Little were fellow passengers, and Dr. Gamble, the medical authority aboard the *Parthia*, lent his aid to their counsel and treatment. Professor Greene, however, sank rapidly, and on the morning of the 10th inst., while the *Parthia* was in latitude 43 deg. 40 min. north, longitude 49 deg. 28 min. west, he expired. As the vessel was yet remote from land it became imperative to give the body a sea burial. All the passengers—and the *Parthia* carried more on this trip than ever before—joined in the expressions of regret at the Professor's demise, and seemed deeply impressed with the services. At four o'clock in the afternoon the crew, in uniform, were mustered on the upper deck, on which the passengers had already gathered. There were several clergymen aboard ship, but according to the rules of the Cunard company and the practice of the service, the captain of the vessel officiated. The ensign floated at half mast, and the engines of the *Parthia* were slowed, so that she lay almost still upon the water underneath a clear sky, and in weather which was pleasant beyond precedent this season. Presently the bells fore and aft began to toll, and then, borne by six seamen and covered by the American flag, the coffin containing the remains of the deceased was borne to the gangway. It was the usual kind of casket used at sea, with iron weights and perforated sides to insure its sinking to the bottom. Then all heads were uncovered and Captain McKay took his place at the gangway. A beautiful hymn adapted to the solemn nature of the occasion was sung by all on board, and then the impressive burial service of the Church of England was read. That done the bells tolled again, and the coffin was committed to the sea.—[*Gaillard's Journal*.]

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